

L 616,051 -
C434



QUARTERLY

THE CHICAGO MEDICAL SCHOOL

VOLUME 2, NUMBER 1

DECEMBER, 1941

Dear Freshman . . .

The Quarterly would like to take this opportunity of saying "Hello" to the members of the Freshman Class. We are sure that you have heard many confusing reports about medical schools. If you are like most of us, this first quarter has probably made you more confused than you were before you first crossed our threshold.

But we are also certain that in the ensuing weeks your head will clear, the anatomical fog will lift and you will be fully one of us. When that happens we would like you to pitch in along with the rest of us to make this magazine your magazine, to make the student organizations your organizations, and this school your school.

We realize that your first task here is to do well in your studies. But a good student is one who also supports student activities. Send in your articles, criticisms, art work, and letters to The Quarterly.

"Let's get acquainted."



THE QUARTERLY

Published Quarterly under the Auspices of

THE CHICAGO MEDICAL SCHOOL

710 SOUTH WOLCOTT AVENUE

CHICAGO, ILLINOIS

Emphasis and re-emphasis cannot be overdone when it comes to reading and hearing about the disease that Osler once called "The Great Imitator . . . that is why we herein present two aspects of syphilis, one old and one new . . . a comprehensive picture of its historical etiology and the most recent therapy for cure, both by astute observers in the field . . . The result of years of experience is incorporated in Dr. Christofferson's paper on "The Acute Abdomen" . . . Clarify and organize your knowledge on this subject with careful reading of this timely article . . . From far off Hong-Kong comes a disclosure of medical student life amid the turbulent times of the Far East . . . truly a picture of courage and also a reminder of what we here have to be thankful for in the way of freedom for study . . . clinic . . . and daily life . . .

"Trailing clouds of glory" . . . is the phrase that can be applied to Dr. F. Spector's thoughts after graduation, during internship, and now at school . . . They are not old enough to be rapid and not young enough to be sentimental . . . but just right . . . A comprehensive work by Dr. Depotes on "Oral Surgery" shows how vital the physical status of the oral cavity is to general well-being . . . Unity amongst medical students will be the salvation of American Health in the future

CONTENTS

EDITORIALS	2
THE "ACUTE SURGICAL ABDOMEN"	3
Edward A. Christofferson	
PROGRAM OF AMS & ICA	7
TREATMENT OF EARLY SYPHILIS BY	
MASSIVE ARSENOTHERAPY	8
Stanley Sahn	
RESEARCHES ON THE ETIOLOGY OF SYPHILIS	9
Edward Nissen	
PASSING THOUGHTS	12
Frederick Spector, M.D.	
FOCAL INFECTION OF DENTAL ORIGIN	14
E. C. Depotes, D.M.D.	
TOURING MEXICO	16
M. Sanderson and V. Slepikas	
STAFF	17
CONVENTION OF THE AMS & ICA	18
MEET COL. MOFFAT	19
MRS. EVANOFF VISITS THE CLINIC	20
J. A. Smith, Ph.D.	
NOTES FROM AN AMERICAN MEDICAL STUDENT	
IN THE ORIENT	22
PERSONALITIES	23
FACULTY NOTES	25
ALUMNI NEWS	26
ABSTRACTS	29
ORGANIZATIONS	31
LETTERS TO THE EDITOR	32
BOOKS	34
HUMOR, S. Wollen	36
RECENT PUBLICATIONS OF THE FACULTY	39
MEDICAL TID-BITS, J. Siegel	

. . . The details of the coming Convention of the Association of Medical Students along with the aims and purposes of this group is ably shown in S. Nichten's article . . . The new situation with hostilities which now exist makes the Convention of the AMS and ICA of utmost concern for every medical student, intern, and physician. Read the program and attend the meetings . . . The resolutions that are passed there should reflect your opinion . . . The summer's experiences of a trip through Mexico by two of our students are told with keenness and unbiased view, about the social, diplomatic, and medical problems of our Southern Neighbor . . . For the fascinating story of Col. Moffat's life, his accomplishments, and aims while at The Chicago Medical School, continue reading further for the complete story of this international person-

age . . . And for tangy humor and real equips, we have unearthed a wit who has hidden his light under the proverbial bushel too long . . . Read and laugh with Wollen . . . This is a cross section of what you may expect in the following pages . . . They are topics selected with extreme care with the goal in view of welding Alumni, Faculty, and Students of The Chicago Medical School into a compact and progressive unit.

EDITORIALS

AS this issue of *The Quarterly* goes to press, we can look back upon a year of disappointments, disease and devastation for the peoples of a large section of the Globe. Millions of new victims have fallen beneath the yoke of a Fascist tyranny. Nations on the periphery of the actual struggle already gird themselves for the final conflict. And yet, from new fronts have arisen new hopes.

We in America look with admiration and sympathy upon the gallant struggles that the British, Russian and Chinese peoples are now enduring. We know that their stand against the onslaught of a barbarous foe is a defense for America.

One means of expression of our understanding of the struggle is the support we, as medical people, can give by sending medical aid to these besieged nations. Many of America's most outstanding scientists—such as Conant, Cabot, Millikan, Leathers—are actively participating to send vital medical aid to them. We should give our fullest cooperation in helping those in other lands who are helping us.

IF you were to ask most people what National Defense means, you would probably get a fairly intelligible answer with a polygot of words like steel, ships, production, unions, wages, and guns all thrown in. It is more than likely that if you were to ask your medical colleagues the same question, the answer would employ the same expressions.

Does National Defense begin and end with production? Of course not. Yet, too often, the laity and our own colleagues lose sight of the full significance of National Health and its relation to National Defense. The American medical schools of today are as much arsenals for Democracy as the armament plants of Dupont or the shipyards at Kearny. The hospitals, both on the home front and on the battlefields, are forts which can only be manned by medical militia.

Already at the school over half of the student body and several members of the faculty have volunteered for Civilian Defense. In civilian life this is the proper role of medical people in defending the Nation. Under the emergencies that threaten it is our concern to see that the hospital system of the country is maintained and medical and health facilities increased.

We recognize the sacrifices that others are making in building a strong National Defense and we are willing to do our part. We at The Chicago Medical School—students, faculty, and alumni—know that if called upon to serve the armed forces, as well as the civilian population of our country, we would not hesitate.

THUS we have presented in a general way the principle upon which our actions should be based—for the service of our country. Insofar as we enhance the position of our school, we shall, at one and the same time, be serving our country. It is obvious that the welfare of the nation, the National Health of America is the broadest expression of the problem of full recognition for The Chicago Medical School.

If we ourselves are first aware of the intrinsic truth of this statement, and if we then are able to make others throughout the nation cognizant of it, then our goal shall be achieved and National Health abetted.

THE "ACUTE SURGICAL ABDOMEN"

EDWARD A. CHRISTOFFERSON, M. D.

Professor and Head of Department of Surgery
The Chicago Medical School

By "acute surgical abdomen," one means, of course, an acute condition in the abdomen which requires surgery for relief. The term is, however, sometimes used rather loosely to describe conditions in the abdomen which give rise to such symptoms as pain, vomiting, tenderness, and rigidity, in which an exact diagnosis as to the underlying pathology has not or cannot be made; and so, because a syndrome is recognized rather than a definite pathologic entity, and because this recognition may lead one to the decision to operate, there may be, and often is, a tendency, once this decision has been reached, to neglect the more arduous task of striving to make a more accurate diagnosis in the much easier feeling that the pathology will be explained when the abdomen is opened.

The easy adoption of such a catch phrase as "acute surgical abdomen," or the recognition of such a syndrome as a reason for immediate exploration, without exhausting all means, within reason, of arriving at a more exact diagnosis, is dangerous, and no doubt contributes considerably to the mortality and morbidity of surgery of the abdomen.

The common causes of death in the "acute surgical abdomen" are (1) peritonitis, with its sequelae; (2) intestinal obstruction, mechanical or paralytic; (3) mixtures of these, and (4) hemorrhage. It is not only all important that these conditions be recognized early to be of any avail, but one should recognize, also, as far as possible, the causative factors, the complications present, the length of time involved, or stage of the disease, the patient's own defense mechanism, as well as the general condition of the patient.

It is the general practitioner, the man who stands on the firing line in medicine who sees these patients first, and must, perforce, dispose of them promptly, that must shoulder this added burden in addition to all his other burdens. The purpose of this article is to try to point out the relative value of some of the various diagnostic procedures and perhaps point out some procedures insufficiently used.

THE HISTORY:

As everywhere else in medicine, the taking of a

proper history is of paramount importance. This may require, many times, a great deal of patience and skill which can only be acquired by repetition and effort. Older men recognize the necessity of it because of bitter experience, but it is often difficult to get the younger men, especially the interne, who is usually bored with it, to see the necessity for thoroughness in a history and its relative value when such easy short cuts are made for him by the wonders of the laboratory. To assume its relative importance in diagnosis, a properly taken history should have precedence over even the physical examination which should rank second, and the laboratory, which should rank third.

I will venture to say that in acute appendicitis, for instance, more attention is paid to the leucocyte count; yet the characteristic *cramp-like* diffuse epigastric pain, when present, with its fairly sudden onset, settling down to a steady ache in the right lower quadrant, together with local tenderness, gives one from 65 to 70 per cent of the evidence necessary to make the diagnosis of appendicitis. From here on the burden of proof is the other way about. One must now prove that it is not appendicitis. The leucocyte count may be very helpful, but it is helpful only, not diagnostic. It not infrequently leads one astray and is of relatively little value when compared with the history.

Likewise the history in ruptured peptic ulcer; the patient may or may not have a history suggestive of ulcer, but the dramatic severity and suddenness of onset, the story of which may be obtained only by questioning the patient at length as to what he was doing exactly at the time of the onset, and what he did immediately afterward, taken together with the rapid development of signs of diffuse peritonitis such as generalized rigidity and a silent abdomen, point the way to the probability of perforation, which may then perhaps be checked by finding an air bubble under the diaphragm by x-ray.

A careful history of the cramp-like pains, with the vomiting and its character, and absence of bowel movements, may lead one to suspect intestinal obstruction. Most of the time, also, from the history alone, one can get some very good clues as to the cause of the obstruction, the location of the obstruction, and

whether or not strangulation is present, all very important points in intestinal obstruction.

The missing of a period with "spotting," sudden pain and pallor in a young woman leads one to suspect ruptured ectopic pregnancy; and the story of a blow in the left chest, usually with fracture of the lower ribs, puts one on the alert for ruptured spleen.

But the mere telling of the story is not enough. One must also glean from the patients such facts as may be material to the understanding of the underlying pathology which is undergoing change from hour to hour and from day to day. In acute appendicitis with perforation, complicated by spreading diffuse peritonitis, it is of vital importance to know how long the process has been going on. There is a vast difference, for example, between operating on a patient who has a ruptured appendix which is still spilling, with advancing diffuse peritonitis, and operating on a patient whose appendix is no longer spilling, or is becoming walled off, and whose peritonitis has reached its limit and may be showing some signs of subsiding. In the first instance a life may be saved, in the second instance nothing is gained that could not be done better at a later and safer date; adding instead to the mortality and morbidity in appendicitis. Here the time element, the knowledge of the length of time the patient has been ill may be of great help in determining, not only the stage of his disease, but also the stage of his reaction to the disease.

THE PHYSICAL FINDINGS

In *palpation* of the abdomen, perhaps the most important symptom to be elicited is that of tenderness. If the tenderness is real, it usually means something inflammatory at the point where it is elicited; it may, however, be subject to misinterpretations because of individual variations in response to pain.

In acute appendicitis, tenderness is present in the region of the appendix. If the appendix lies retrocecal, and there is a bubble of gas in the cecum, the tenderness may not be very evident at McBurney's point, but there may be tenderness in the flank or a positive psoas sign may be elicited because it lies on top of and involves in contiguous inflammation the psoas muscle. Also, if the appendix lies down over the brim of the pelvis, tenderness may not be found except by rectal or vaginal palpation. *Rebound tenderness* usually means peritoneal irritation.

The diffuseness of spread of peritonitis in ruptured appendicitis can usually be made out fairly well by approaching the region of the appendix peripherally

and noting the point at which tenderness first appears. The relative tenderness present in intestinal obstruction helps greatly in making the differentiation between simple obstruction and obstruction complicated by strangulation.

Rigidity as a sign is very popular, most of which is undeserved, because most of the so-called rigidity that is elicited in the abdomen is the voluntary rigidity with which the patient resists the palpating hand over his sore point. Unless the examiner has both his hands on the abdomen and feels both sides of the abdomen when pressing the sore point, voluntary rigidity is apt to be mistaken for actual rigidity, which is present in peritoneal irritation, in peritonitis, or as the rigidity of an underlying mass. Simple acute appendicitis as a rule is not accompanied by real rigidity.

One reason why the mortality is so high in intestinal obstruction is because so frequently there is no tenderness or rigidity (so called) and so the diagnosis of "acute surgical abdomen" is made too late.

The presence of a mass on palpation obviously carries its own implications. The ordinary tumors do not give rise to acute symptoms, as a rule, unless they have suddenly become obstructive, inflammatory, or have undergone torsion or strangulation. An abscess usually has had 5 days or more of symptoms preceding the palpation of the mass.

INSPECTION OF THE ABDOMEN

Masses may, of course, be obvious, as may also be signs of injury and the tell-tale scar of previous laparotomy, but, perhaps, the most important finding on inspection of "the acute surgical abdomen" is that of distention. When the thin to ordinary sized individual lies on his back the abdomen is normally concave; that is, the umbilicus lies below a line drawn from the ensiform cartilage to the pubes, so that, one can assume, the moment that the abdomen is *flat*, or when the umbilicus is on a level with the ensiform-public line, or when it goes above this line, unless he has a fat paunch to begin with, that distention is present. Distention is progressive in all forms of acute intestinal obstruction, including the paralytic ileus which is part of the picture of peritonitis.

One hears much about visible peristalsis, but visible peristalsis takes time to produce. It is present in partial or "chronic" obstruction, not in acute obstruction, unless there has been a history of chronic obstruction preceding.

AUSCULTATION OF THE ABDOMEN:

Here is a procedure to which too little attention

has been paid. Until recently it had not been taught much in the medical schools, and many otherwise very excellent diagnosticians and surgeons, either know nothing about it, or pay it but scant attention. Yet here is a procedure fully as valuable in the diagnosis of the "acute surgical abdomen" as it is in the chest in the diagnosis of pneumonia. It is particularly valuable in differentiating from each other, peritonitis and obstruction, the two most common causes of death in the abdomen, and more important, from the numerous conditions which may simulate them.

When *peritonitis* occurs, or when the peritoneum is acutely irritated, regardless of the cause, a defense mechanism is immediately set in motion, and part of this defense mechanism is a rapid lessening of peristalsis. As the peritonitis spreads, the bowels become more and more quiet, until finally, with diffuseness of spread, the abdomen becomes silent. On the other hand, when the peritonitis becomes more and more localized (as in the localizing abscess formation following spontaneous recovery from diffuse peritonitis, or in the recovery from peritonitis following operation with removal of the cause), sounds again begin to appear, until finally, as the peritonitis disappears, normal peristalsis is again heard. The silence or relative silence of the abdomen, when considered with the history and other physical findings is, in a sense, a measure of the peritonitis present. The abdomen may become quiet from other causes than peritonitis, but the point to be remembered is that if peristalsis is active, normal, or noisy, one need not worry about spreading peritonitis being present.

In *acute mechanical obstruction* of the bowel, from whatever cause, the natural reaction on the part of the bowel is at first a violent effort to get by the

obstruction; but, if in vain because the obstruction is complete a reversed peristaltic current rapidly develops. This surging of bowel contents is audible as characteristic borborygmic rushes. Characteristically these rushes are synchronous with the crampy pain, which is also peristaltic in nature, helping to establish the diagnosis. As the proximal bowel becomes more and more distended with fluid and gas, peristalsis becomes weaker, the sounds occur farther and farther apart, but acquire a higher and higher pitched tone. The sound in the markedly distended bowel of obstruction eventually becomes an occasional metallic tinkle, and when the obstruction finally becomes "complete," that is to say, when paralytic ileus finally supervenes and death is imminent, too, becomes silent. The point here is, that in purely mechanical obstruction, marked distention must be present before peristalsis ceases. The borborygmic rushes or metallic tinkles that are present for a long time before this occurs are almost pathognomonic of obstruction.

There are, of course, mixed cases of peritonitis and obstruction seen in inflammatory lesions in the abdomen which complicate the picture; but even here the stethoscope may prove of inestimable worth in evaluating the findings. It becomes quite clear that the stethoscope may be useful in ruling in or out many conditions not productive of peritonitis or obstruction. For instance, in ruptured peptic ulcer which is active and has not sealed itself, the abdomen becomes rapidly silent. In conditions which may have to be differentiated, such as in coronary occlusion, gall stone colic, and even in acute pancreatitis, there are still usually a few peristaltic sounds to be heard.

(Continued on page 28)



THE QUARTERLY

Dr. Edward Albert Christofferson, Professor of Surgery, was born in 1885 in Neenah, Wisconsin. He received his M. D. in 1912 from College of Physicians and Surgeons of the University of Illinois, then serving a two year internship at the Cook County Hospital, where he became Associate Attending Surgeon in 1933. In 1934 he became Attending Surgeon at Cook County Hospital and at the West Suburban Hospital in Oak Park.

He was Associate Professor of Surgery at The Chicago Medical School from 1933 to 1937, and since then has been Professor of Surgery and Head of the Department of Surgery. Dr. Christofferson is a member of the American Medical Association, the Chicago and Illinois State Medical Societies. During the War, he was attached to the British Expeditionary Surgery Staff and did excellent work at the Fort Pitt Military Hospital in Chatham, England. He also served actively with the B. E. F., and his work was commended by King George V who awarded him a military decoration. In spite of his many duties, Dr. Christofferson still finds time to make many contributions to surgical literature.



NATIONAL DEFENSE AND MEDICINE

CONVENTION OF THE AMS & ICA

With our country in the midst of a tremendous national effort for security and defense of its own free and democratic institutions, the medical student and interne along with the rest of the medical profession, are confronted with new problems and greater responsibilities than ever before. All that we hope to be, all the goals towards which we aspire, all the things we seek to achieve are menaced. It is in this setting that medical students, internes and residents from all parts of the country will meet at the Joint Convention of the Association of Medical Students and Interne Council of America at the International House of the University of Chicago, on December 27, 28 and 29. The purpose of the convention is to learn what other medical students and internes are thinking, to discuss some of the great social problems with which medicine is so closely entangled and to formulate our policies, and have a good time.

Dr. Irvin Abell, past president of the American Medical Association and present chairman of the Committee on Medical Preparedness of the AMA and chairman of the Health and Medical Commission of the Federal Security Administration has pointed the way in his statement: "The part of the medical profession in the National Defense Program is an important one. Without health, participants in industrial production and members of the armed forces become liabilities rather than assets — — The medical profession through many agencies is actively engaged in a program of medical preparedness in order that it may render our country the best possible service in its defense of our democratic way of life." The part of the student and interne in the National Defense Program *is* an important one, and it is certainly fitting that the theme of the convention and one of the principle topics of discussion will be Medicine and the Defense of the Nation. Events, as they have developed, definitely have shown the important role of the entire medical profession in national defense.

Much remains to be done if our defense effort is to achieve its purpose. Many problems have yet to be solved: How can medical education, both in the medical school and hospital best serve the defense effort? What further steps are necessary to insure that our armed forces are adequately prepared and equipped medically? What are the best ways to protect and improve the health of the workers in

industry and of the civilian population at the present time? What can be done to increase and speed up the flow of medical aid to the Allies? How can our program of service and welfare activities be improved so that it will fulfill its function during the national emergency? The plans of the Office of Civilian Defense call for a population trained in first-aid techniques. We are the ones who will constitute the emergency squads to serve in time of civilian disaster. We are the ones who must be trained for the armed forces as well as the civilian population. We are the ones who must discuss these problems and help in their final solution. Then there is the question of the role the medical profession can play in aiding the countries now fighting fascism. This may be one of the major contributions to the defense of democracy and to the defense of our country that we can make at the present time. At the convention, outstanding men of the various agencies concerned with the health problems of the nation will discuss these problems. Among them will be representatives of the American Medical Association, the Association of American Medical Colleges, the United States Public Health Service, The American Hospital Association, the Army Medical Corps, the Office of Civilian Defense and other groups. And there will be ample opportunity for complete discussion of these vital issues by the convention delegates and visitors at the large number of panels which have been arranged for.

This convention will probably be one of the great landmarks in the development of the organization. The meeting is the first joint convention in the history of the two organizations and it is hoped that out of it will evolve a new joint association of greater scope and influence. At the last convention of the Association of Medical Students in Boston, the idea of fusion was accepted by the delegates. And with the past history of cooperation of the groups, the entire question will probably be one of method.

Included in the three day convention will be discussions of the problems of student and interne welfare. The questions of adequate internships, government aid to medical schools and medical students in the form of grants of money and scholarships, of educational programs, of service bureaus, will all be raised. Chapters of both organizations have already prepared discussions on these various subjects. They

(Continued on page 30)

TREATMENT OF EARLY SYPHILIS BY MASSIVE ARSENOTHERAPY

STANLEY SAHN

In chemotherapy, the best therapeutic results are to be obtained from the employment of specific agents in doses large enough to destroy the invading organism without seriously injuring the tissues of the host. A certain critical level of blood-tissue concentration of the drug must be maintained for some time to insure complete destruction of the organisms and prevent relapse. Ehrlich's early attempts to cure syphilis were based upon massive arsenical therapy. He had hoped to achieve a "sterilizado magna" but had to revert to divided doses over long periods of time because of the dangers incident to the rapid administration of large amounts of arsphenamine.

A new approach to the problem of massive arsenotherapy was provided in 1931 by the work of "speed shock" by Hirshfeld, Hyman and Wagner. Using numerous pharmacologically active and inactive chemicals and drugs, they demonstrated a syndrome (speed shock) apparently entirely dependent upon the velocity of intravenous injection. When these substances were injected as quickly as possible into the blood stream of experimental animals a picture of shock developed. However these same substances could be introduced in huge quantities with impunity provided the rate of injection was sufficiently slow. Even histamine could be delivered into the blood in very large quantities by slow drip without signs of shock. Thus, the specific toxicity of the drugs employed seemed to be of little importance in the production of shock. Arsphenamine was one of the drugs employed in the experiments and the similarity, or the identity of speed shock and the crisis was noted.

New and more potent agents were constantly being sought for the cure of syphilis, but a more effective use of the existing arsenicals was made possible by slow intravenous drip methods. Chargin, in 1933, applied the principles of speed shock to massive arsenotherapy. He employed a method for the administration of large doses of arsenicals, slow enough to avoid shock but sufficient to maintain a concentration plateau in the patient. His first series of 25 cases of early syphilis received, in five days, four to four and a half grams of neoarsphenamine, an amount given over several months with ordinary treatment. The neoarsphenamine was introduced

daily with about two and a half liters of five per cent dextrose in triply distilled water through Murphy intravenous drip apparatus. Veins between the elbow and wrist were chosen in preference to those in the cubital fossa. A special adapter unit utilized the forearm itself as a splint eliminating uncomfortable splinting and traumatic neuritis. The intravenous apparatus was applied early in the morning and removed during the night for five successive days. It is interesting to learn that the avoidance of the cubital veins resulted in a markedly diminished incidence in phlebitis.

By 1938, 111 patients had received five day courses of neoarsphenamine. Due to the frequency and severity of toxic phenomena, chiefly polyneuritis (thirty-eight per cent of cases) and one death from "hemorrhagic encephalitis", mapharsen was substituted. Mapharsen therapy was begun with 400 milligram doses. However, the infrequency of relapses and its slight toxicity encouraged gradual increases in dosages until a 1200 milligram course was established.

Since 1933 over 2000 cases of early syphilis have received massive dose therapy in many large medical centers throughout the country. Toxic phenomena have been fewer and milder than anticipated. Renal and hepatic damage have been conspicuously absent. Polyneuritis, with mapharsen, had dropped to less than two per cent. A death rate of 0.25%, however, appears in the latest statistics. These fatal cases were all diagnosed clinically as hemorrhagic encephalitis, but autopsies in several cases failed to substantiate the diagnosis.

Those cases in the seronegative primary stage showed the best therapeutic response, as might be expected. The percentage of satisfactory results is slightly higher with neoarsphenamine but the safety of mapharsen more than balances this difference. Although it is still too early to judge with certainty, present statistics indicate that satisfactory results can be expected in eighty five to ninety five per cent of cases from a single course of treatment. Whether a satisfactorily treated case will eventually relapse and develop signs of late syphilis many years later can only be determined by long observation. In a small series

(Continued on page 38)

RESEARCHES ON THE ETIOLOGY OF SYPHILIS

EDWARD NISSEN

Researches on the etiology of syphilis command particular attention not only because of their material contribution to the study of this disease but also because they present a profound picture of the progress of medicine in general. Throughout the history of medicine it has been generally recognized that there are two basic etiological possibilities in bodily disfunction; 1. external living agents, either bacterial or parasitic, may invade the body; 2. internal factors released through functional incapacities may plague an otherwise normal state. None but the former has ever been suggested in regard to syphilis. Even during the darkest eras of knowledge, a foreign virus has been suspected.

In 1837 Donne published his researches on the genito-urinary discharges in both sexes. He described, among other things, certain micro-organisms absent from extragenital chancres, which he set out to correlate their relationship to syphilis. However, his experiments bore no fruit as he was unable to demonstrate the presence of these "animalcules" in exudates of known lesions.

Toward the end of the 19th century, a pupil of the great pathological anatomist Weigert, Lustgarten by name, discovered a bacillus in syphilitic exudations. This organism became known as "Lustgarten's bacillus" and in 1885 the discoverer published a paper announcing his startling findings. This paper produced a profound impression upon the scientific researchers of the day, particularly since the work arose in the laboratory of the great Weigert. Of all the investigators impressed, only Doutrepoint and Schultz confirmed the observations. These men were greatly aided in demonstrating their discovery by a method of staining, similar to the stain used on Koch's bacillus. The bacillus they demonstrated in indurated chancres and in syphilitic exudates resembled the

tubercle bacillus very closely.

A. Neisser, a distinguished syphilologist, was also investigating the problem at this time, but no concrete evidence emanated from his laboratory. However, Marcuse, an associate, confirmed Lustgarten's findings, although both neglected to investigate the possibility that the bacillus might be the organism normally found in smegma. The problem, therefore,

now resolved itself into finding whether or not Lustgarten's bacillus and the bacillus normally found in smegma were one and the same thing.

Now even if it were generally accepted that Lustgarten's bacillus was part of the normal flora of the smegma, one still had to account for its presence in the syphilitic lesions of internal organs where smegma certainly couldn't penetrate. This matter became a highly controversial issue of the day and the following conclusions

were then reached by various investigators: that the tubercle bacillus and Lustgarten's bacillus were identical organisms; that the internal lesions suspected of being syphilitic were in reality tubercular; that since the bacillus was not always present in syphilitic lesions, the possibility of secondary infection could not be ruled out. And so it is obvious that some researchers of this time could not even distinguish the lesions of syphilis let alone detect its etiology.

The work of Lustgarten now thoroughly discounted, the path was cleared for new researches or perhaps new confusion. Amongst the newer theories were the following; a streptococcus ushered forth by Kassowitz and Hochsinger but with no convincing evidence; Disse and Taguchi suggested a diplococcus which multiplied in the blood of syphilitics; Max Von Niessen believed the blood ofluetics could be cultured for the organism; Joseph and Piorkowski



also worked with blood cultures from a syphilitic father. They cultured syphilitic seminal fluid on normal placenta and obtained a bacillus which they could also demonstrate in the sperms and in blood cultures of luetics. This work took on profoundly interesting proportions but the final test was still fulfillment of Koch's postulates. Could a pure culture of these organisms be injected into a normal individual and produce some of the obvious manifestations of the disease? Since animal experimentation was practically unknown during those times, the only obvious possibility was the use of human guinea pigs. These were to be found within the medical profession itself—medical martyrs allowed themselves to be inoculated. But in spite of these noble gestures, the disease could not be reproduced and failure was imminent.

All these failures with bacteria naturally aroused much skepticism as to their place in the etiological picture of syphilis. Medical minds were left in a quandry—but there was still one other possibility left in the realms of bacteriology,—protozoa. This opened a new field for exploitation. Stassano published a paper in which he theorized upon a flagellated organism capable of reproduction by multiple fission. Schuller, in numerous publications, believed a curious microorganism in the form of corpuscles surrounded by stiff hairs capable of reproducing by being changed into sacs filled with spores, to be responsible. Doubt arose as to whether these organisms were really protozoa and as to whether they could fulfill Koch's postulates with the result that Schuller was refuted completely.

Skepticism had now reached its maximum but the socially significant problem of syphilis was still to be solved. Of all that had been said and done, one thing was certain: for a star to ascend into the factually beclouded syphilitic sphere, an equally irreproachable mooring would be needed to anchor it there. Could such a mooring be furnished from animal experimentation or was there still remaining some elusive undeniable link thus far overlooked? Subsequent painstaking and profoundly thorough investigations provided the key to the chest of etiological secrets.

In 1900 Dr. Siegel found that he could stain the blood and exudates of luetics with a mixture of azure and eosine and thereby demonstrate a protozoan which he termed "Cytocorytes luis." This sincere attempt proved unconvincing however, and the problem still remained unsolved.

In 1903, Metchnikoff met T. Bordet at the Inter-

national Health Congress in Brussels and, as subsequent events have shown, this turned out to be a very important meeting. Here, Bordet publicized the result of his researches with Gengou. These already distinguished bacteriologists told of staining syphilitic exudations with Kuhne's carbol methylene followed by Nicholle's carbol gentian violet. By this method they were able to identify numerous very fine spirilla, shaped like a corkscrew and not in association with other microbes. Naturally such findings filled these men with much optimism and so they proceeded further. To them the most obvious course was to attempt to show the presence of these spirilla in as many cases of syphilis as possible. However, in five cases of positively symptomatic syphilis they were unable to show the presence of the organisms either in the inguinal lymphatics or the skin lesions, or the blood. It was only in a mucous patch in the throat that they could demonstrate a similar organism and even this was doubtful as they knew that the flora of the normal throat contained a similar spirillum. Bordet and Gengou had apparently exhausted their possibilities. However, a great bacteriologist, Metchnikoff, was impressed by their theory and decided to attempt some animal experimentation in the hope that he might be able to produce the disease in anthropoid apes.

During the early part of his labor, Metchnikoff met with repeated failures but he was not to be dismayed. Finally he did succeed in producing a syphilitic-like lesion in the orang-outang and the problem resolved itself into the recovery of spirilla corresponding to those that had been previously injected. The exudate from these lesions was examined microscopically in the form of hanging drops. This procedure was followed because it was felt that the spirilla could be most easily detected by their motility. However the first real obstacle was met here because no motility was to be seen in the preparation. As a control, hanging drops containing the serum of fowls inoculated with spirilla was observed. In the latter, however, movement was detected. Ehrlich's neutral red was added to both specimens, but a curious fact was noted; when the stain was added to the serum of infected fowls, spirilla could be clearly demonstrated but not so in the case of infected apes. The situation now appeared hopeless to Metchnikoff and in 1904, in conjunction with Roux, he published a paper in the *Annales* of the Pasteur Institute in which he discounted the possibility that a motile organism was responsible for syphilis.

Although the work of Siegel, mentioned previously, was generally discredited, it did serve to capture the imagination of Franze Schultze, eminent Professor of Zoology at the University of Berlin. He felt an in-explainable importance attached to Siegel's theory and headed a movement to have "Cytorcytes luis" recognized as the etiological agent in syphilis. On a committee which he appointed were to be found two men, Schaudinn, an authority on protozoology, and E. Hoffman, an eminent syphilologist of that time. As will be seen subsequently, these men reshaped the realms of syphilology completely.

These men were confronted immediately with two problems: first, they had to prove the presence or absence of motile organisms in the exudates and serum of syphilitics; secondly they had to establish the identity of "Cytorcytes luis." They showed first that the latter was not an organism at all but merely organic debris found in many exudations. In the process of establishing this fact, however, Schaudinn made a discovery of more serious import. In the fluid of syphilitic chancres he found definitely motile, microscopic, corkscrew-like bodies.

Their first patient was a woman of twenty-five years infected ten weeks prior to observation. On the left labium majus and on the vulva were found a primary chancre and a few slightly ulcerated papules, respectively. On March 3, 1905, Schaudinn recovered the exudate from one of these papules and after staining with Giemsa's methylene blue and eosine, observed numerous spirilla. In another case a woman infected with secondary syphilis was examined. Present were large, slightly ulcerated papules of the genitalia which contained only a few spirilla. In a third case with lesions on the genitalia, tonsils and mouth, a greater number of the corkscrew-like bodies was found. In every case in which the spirilla were found, they stained with aniline dyes. Greater and greater became the evidence in favor of the spirillum.

However the matter was not completely settled because of the persistence of other investigators who showed that spirilla were also present in non-syphilitic lesions. Schaudinn then proceeded to investigate non-syphilitic lesions. In the first case a woman was found to be infected with gonorrhea but without any clinical signs of syphilis. Upon examination of the exudate from a papule on the vulva it was found that many spirilla were present. It was now necessary to determine whether the spirilla in both cases were the same. After further study of Schaudinn it was announced that there were two types of spirilla of the genitalia, normal and diseased. One type was to be

found in both syphilitic and non-syphilitic lesions while the other was present in syphilitic lesions only. The first was named *Spirochete refringens* and the latter was termed *Spirochete pallida*. *Refringens* was larger, had fewer spiral turns, and stained more deeply. Further Schaudinn and Hoffmann showed that *Spirochete pallida* was present in syphilis only and in no other disease. In all cases which had been examined, even though the number of spirochetes was sometimes small, they never failed to show their presence even once.

Metchnikoff now decided to try once again and so he proceeded to inoculate some more apes. He failed in the majority of cases to demonstrate the *Spirochete pallida* but experienced unusual success with *Macacus cynomolgus*. From the primary lesion situated on the eyebrow he demonstrated numerous *Spirochete pallida*. These results were highly encouraging and soon afterward he recovered the *Spirochete pallida* from a cutaneous lesion of man which was far removed from the genitalia where *Spirochete refringens* were most often seen.

The evidence, it seems, had become overwhelming and on May 16, 1905, Metchnikoff, in conjunction with Roux, delivered a paper before the Paris Academy of Medicine. This paper was captioned with the theme that the *Spirochete pallida* of Schaudinn was unquestionably the etiological factor responsible for syphilis. The medical world was firmly convinced and rightly so, for it has been repeatedly shown through the years that such an organism is demonstrable.

* * *

SOPHOMORE SOCIAL

The Class of 1944 held its annual social at the Mid-West Athletic Club on the evening of November 3rd. The Sophomore Class turned out in full force for the occasion, along with the loveliest members of the opposite sex. The Faculty was represented by Dr. L. Nice, Dr. W. Hoffman, Dr. H. Sicher, Dr. C. P. Kraatz, Dr. Gruenwald, and Dr. Smith.

The program of the evening, led by Arthur Light as master of ceremonies, consisted of songs by Miss Jackie Feuerman, sister of a class member, accompanied by Miss Sibyl Goldberg, piano selections by Harry Barasch, a monologue by Sidney Lilienfeld, skits by Arthur Loebel and Herman Weisberg, and Max Shapiro, and by Ray Adelman. Music for dancing was provided by records.

Refreshments were provided for with the compliments of Senator Marzullo.

PASSING THOUGHTS

FREDERICK SPECTOR, A.M., M.D.

*Fellow of the Department of Anatomy
The Chicago Medical School*

Let me see now; let us start with my graduation from The Chicago Medical School. It was on a fine summer's day in June, and I felt like Casey at the bat with the proverbial two strikes on him. Did I feel differently than I would have had I graduated from another school? I certainly did; tense, excited, and perhaps just a little bitter, bolstered only by the fact that I had put away four good years. I would not hesitate to say that they were the best years that I have had. I certainly learned more. So I went forth on this day armed with a myriad of syndromes with which I was ready to combat my foes (these were to be the attending men at my internship). I would knock them cold. I didn't know it then; but yes, I was wrong.

I left Chicago to intern in the east; St. Joseph's Hospital, the Sisters of St. Joseph in charge. I had visions of a combat between medicine and religion; there might be red tape preventing the proper treatment of patients. Would I be hampered by the Sisters? Again, I was wrong. As I later found out, I could not have hoped for a better group of people to serve, lest it be the patients themselves. Certainly, I would sooner have carried out any of the Sisters' orders, than most of those of the attending men.

I soon learned that my internship was not to be any different than internships the world over. Although from many attendings you actually learn what to do, from some you learn what not to do. Nevertheless, we must at all times be ethical—by ethics we mean that when an attending tells us of his curing a series of one cases of aplasia axialis extracorticalis diffusa with vitamin B56; we must drop our lower jaw, supporting that structure well, and exclaim, "Quick, let's write it up in the literature." Another "must," is to mind our etiquette. There is a fine, yet distinct difference between this and ethics—by etiquette we mean when you are second assistant at an abdominal opera-

tion, you never tell the surgeon that he is sewing the peritoneum to the anterior wall of the rectus sheath . . . you must be patient . . . he will find this out for himself . . . and when he shouts . . . "Look an anomaly . . . this patient has an anterior layer of the rectus sheath only on one side" . . . you must then widen your palpebral fissure from 1 mm. to the standard 3 mm. size and say . . . "My God, look what nature has done . . . the semicircular line of Douglas is here running longitudinally" . . . Then, as a reward for your diligence, the surgeon will immediately tell you to finish sewing up . . . Later, the surgeon will add . . . "We must write this up in the literature . . ." whereupon you must immediately start telling him of that new nurse on Ward B . . .

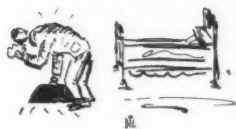
After I had learned etiquette I was so well trained that I was able to keep a straight face while, with the obturator in the sigmoidoscope, one of these artists was telling me about the mucosa. I guess he thought even the rectum was off the gold standard . . .

Having gone so far on the road to learning the art of medicine, I was then put on ambulance, bus for short . . . and this is not far wrong . . . being cheaper,



many people used it as they would a bus . . . Ambulance surgeon, New York City . . . what a guy was I . . . but again I was wrong . . . after being called out a few times at 2 a. m. just because the baby did not want to take its 2 a. m. feeding, the word romance completely faded from this part of my life . . . Of course being the only physician for about two or three thousand people in my ambulance district was not a responsibility to be taken lightly . . . it made me wonder that maybe something somewhere was wrong that so many people should have to depend on me . . . but I did my job and I can still sleep nights . . . why





I had to do a better job for I certainly would be on the spot if something went wrong, but still even more important IT MIGHT REFLECT UNFAVORABLY UPON THE SCHOOL which made all this possible That is why I had to fight with the easy going residents at the city hospitals who refused cases which I thought needed prolonged care . . . you see I only brought acute cases to my hospital . . . Let me tell you of a trick I played on one of these admitting boys . . . he was at county contagious . . . I explained that two babies were sick with pertussis . . . and even though it was winter, the mother had no money for fuel . . . there was no father . . . and can you imagine even though the babies were hungry, she had no money for food . . . I was not allowed to carry contagion in my bus so I called for the contagious bus . . . but the resident said no . . . there are rules . . . and besides we don't want pertussis . . . so I called the board of health and lied . . . I told them I had two bad cases of croup which could not wait for a diagnostician to come down to verify the diagnosis . . . besides I told him I was one of those important creatures of the night . . . an ambulance surgeon . . . and so the croup bus was rushed to the house and carried the kiddies . . . (I love kiddies . . . they never call the doctor) away to the hospital, and you know . . . it was 2 a. m. and the same resident had to get out of bed to admit my cases of pertussis . . . and you know what . . . oh you guessed it . . . yes that resident was taught etiquette by me . . . and I know this to be so for the next time our paths crossed . . . he didn't even make a crack about me misdiagnosing those cases as croup.

On obstetrics I learned soon enough that I was wrong . . . I also learned that complications also come to those who only stand and wait . . . About the biggest sin you can commit on an obstetrical ward, I soon learned was to say . . . after a "rectal" . . . that the patient was two fingers dilated and then have her deliver an hour or two later. To be more correct we must always keep our opinions from the nurses . . . we must tell them specifically . . . it's either two fingers or else she is fully dilated . . . but we must wait and see . . . then we are the best interns the service has ever had . . . we are never wrong . . . only these things they only tell the next intern on the service after we have

left . . . I still don't have any plausible theory to explain why obstetrical patients come to be admitted with their pains at 2 a. m. and then wait until 2 a. m. the next morning to deliver . . . I guess it's just one of those empirical things in medicine . . . they were



wrong about when life begins, not at 40 . . . 2 a. m.

Orthopedics . . . why this service was better than a daily game of handball, look at my muscles . . . all from cutting casts, lugging weights, and moving patients. . . .

Well . . . I can go on rambling forever but I guess I have given you some idea about my internship . . . I learned more than just what I have told you about here . . . believe me . . . and I was so stimulated and inspired by what I saw and learned that I immediately decided not to practice this stuff . . . but to teach and do research instead.

So . . . I returned to Chicago where I received a part time position teaching anatomy at school, the rest of the time I was anxious and determined to spend doing research and learning more of anatomy . . . for after all, what was it that those attending artists lacked . . . it wasn't money . . . it was anatomy . . . not confined to the cephalic region either . . . they lacked anatomy all over . . . But what happened now . . . our country came upon a National emergency . . . created not by an attending man . . . but instead by a man with attendants . . . and even these, had not knowledge of anatomy . . . these dopes thought that the nerve cells forming the gray matter circulated in the blood stream, and the head was only an appendage from which hair was to hang . . . well . . . where was I . . . oh yes . . . my education would have to wait . . . the country needs doctors . . . I applied to the Navy . . . I took a four day exam . . . I had to study again . . . it would reflect upon the school . . . it did . . . the exam was easy and after the last oral the Lieutenant quizzing me (a finer man I've yet to meet) said to me . . . I'm giv-

(Continued on page 40)

FOCAL INFECTION OF DENTAL ORIGIN

E. C. DESPOTES, B.S., D.M.D.

*Assistant Professor of Oral Surgery
The Chicago Medical School*

During the last quarter of a century, research workers have proved beyond doubt that many systemic diseases, especially of the chronic type, have their primary cause in a focus of infection which in many cases existed for years before the general symptoms were manifested.

It has been observed that transfer of bacteria from a certain focus of infection to a special organ or locality of the human body by metastasis and its localization there is a secondary focus of infection which may be explained on the basis of the so-called "Elective Localization Theory". This theory has been formulated by eminent research workers in pathology who have been able to reproduce human pathological conditions in experimental laboratory animals. According to this theory the pathogenic microorganisms involved in the primary focus of infection have a characteristic tendency to localize and multiply in large colonies in a special organ or locality and produce there a diseased condition. It has also been found that bacteria from the primary focus of infection acquire greater virulence. Therefore, their success in establishing a secondary focus is more or less assured, although it may take years to accomplish.

The sources of focal infection may be found in the accessory nasal cavities, the middle ear and the mastoid, the tonsils, the alveolar processes, the genitourinary tract, and the gastro-intestinal tract. Of these, the sources of focal infection found in the alveolar processes, which are mostly forms of dental infection, are probably the most important, because they are the most numerous. Statistics prove that over 55% of the people have such foci of infection. Therefore, the general practitioner is fully justified in paying due attention to these infections in his diagnosis of serious diseases. Diagnosticians generally admit that no examination is complete without the examination of the mouth, including dental radiograms.

TYPES OF DENTAL INFECTIONS

Dental infections are found in the teeth and their surrounding tissues. They may involve the dental pulp, the peridental membrane, the gingivae, the periostium of the alveolus, the alveolar bone, the gum tissues, the mucous membrane of the mouth, or any combination of these tissues, and in addition, adjacent

structures. In general, we have the following types: Dental pulp infection, periapical infection, pericoronal infection, periodontal infection and residual infection.

A. *Dental Pulp Infection.* This takes place through deep carious cavities of the hard structure of the tooth and the exposure of the pulp to infection. The dental pulp becomes inflamed, suppurated, and necroses and it may be a focus infection, even though no periapical symptoms occur. Occasionally, only one corner of the dental pulp may be involved in the larger teeth and the tooth may still respond to some of the tests for vitality. Such teeth and even vital teeth with deep carious cavities may produce systemic disturbances.

B. *Periapical Infection* is found around the apices of the roots of the infected teeth, and is due to the fact that bacteria from the diseased pulp invade the alveolus of the tooth and its adjacent tissues. It begins usually as *proliferated periodontitis* due to proliferation of connective tissue around the apex of the root. Then, following the disintegration of the periosteum and the bone, a granuloma with rarefaction of the bone in a circumscribed area filled with granulation tissue appears. This granuloma may develop into a *chronic dental abscess* either blind or with a sinus or a fistula, or into a *radicular cyst* filled with a straw-colored fluid which has a tendency to enlarge itself at the expense of the bone. All these stages of periapical infection are usually chronic and they may become acute. However, a virulent type of infection may bring *abscess* right away without going through the chronic stages. This acute abscess may also become open through a sinus or a fistula, even involving the maxillary sinus in the upper jaw and it usually produces a swelling occasionally involving the eye in the upper jaw or the triangles of the neck in the lower jaw. The symptoms are: rise in temperature, chills, considerable pain, enlarged glands, anorexia and general discomfort. The treatment consists of absolute rest, liquid diet, cold applications to lessen hyperemia, removal of the infected tooth (or teeth), treatment of the socket to prevent osteomyelitis. In some cases, if the treatment is not instituted in time, toxemia and even septicemia may develop and death may follow. In other cases, if the infection is not very virulent and

the resistance of the patient is good, it may become chronic, but not less dangerous.

C. *Pericoronal Infection* is found around the crowns of the wisdom teeth especially in the lower jaw when these teeth are partially erupted and partially covered with gum tissues. This pocket, thus formed, becomes a seat of infection with symptoms of cellulitis, pains, and trismus. If treatment is unsuccessful, the tooth should be extracted.

D. *Periodontal Infection* usually involves the periodontal membrane, the gingivae the periosteum of the alveolus and in advanced stages the pulp of the tooth. It begins as marginal gingivitis and becomes pyorrhetic, forming pus pockets (pericemental abscess) which may become so deep-seated as to involve the apex of the root of the tooth and through it infect the dental pulp (periapical abscess). The organisms are usually of the staphylococcus and the streptococcus group and occasionally Vincent's organisms may bring about a serious infection. These bacteria and their toxins may pass into the alimentary canal and when the pathological processes are far advanced, their effects are similar to the toxic effect of periapical infection and have a tendency to lower the resistance of the patient and produce similar symptoms.

E. *Residual Infection* is found in the deeper area of the alveolus after removal of an infected tooth and it may be caused by infected granulosomatous tissue, infected root remnants, foreign bodies, or from an adjoining focus of infection.

Besides these types of dental infection, it is well to remember that even extraction of infected teeth may cause exacerbations and systemic disorders even where the surgical technique is nearly perfect.

PULPLESS TEETH

Although the technique of the sterilization and the filling of the root-canals may be nearly perfect and the pulpless tooth may be comfortable, one cannot be absolutely sure that a pulpless tooth is *not* a source of infection. A good percentage of pulpless teeth show periapical involvement, but, even when no periapical pathology appears, one cannot be sure that no source of infection exists. The reaction of the surrounding tissues to pulpless teeth varies in different patients and different teeth of the same patient. The local and general resistance to infection of the patient plays its role, but as the patient advances in years, this resistance decreases.

To say the least, one should be very suspicious of even innocent looking (radiographically) pulpless teeth in cases of certain systemic diseases.

THE QUARTERLY

SYSTEMIC DISEASES DUE TO DENTAL INFECTION

In the experience of clinicians, there are many recoveries from many kinds of systemic diseases following the elimination of dental infections. For convenience, a classification of these diseases under the different organic systems of the body will systematize the presentation of the subject matter.

DISEASES OF THE ALIMENTARY TRACT

Indigestion may be due to improper mastication caused by loss of teeth, and the presence of carious and defective teeth, and the swallowing of septic material from these carious teeth or from pyorrhetic pockets.

Authorities generally agree that the different forms of gastritis and duodenitis, chronic ulcers of the stomach and the duodenum, hemorrhagic erosions and functional digestive disturbances have been associated with active focal infection in numerous cases. The removal of septic teeth in most of these cases has contributed to their improvement and even the disappearance of the disease.

DISEASES OF THE NERVOUS SYSTEM

Chronic focal infection and the resulting long standing toxic absorption may bring about such nervous disorders as malaise, neuritis, headache, neurosthenia, dizziness, neuralgia, mental depression and insomnia. In Bell's Palsy, dental infection is often a contributing factor.

DISEASES OF THE RESPIRATORY SYSTEM

Symptoms similar to those of tuberculosis may be traced to infected teeth. Asthma, head colds and disturbances of the respiratory tract may be caused or aggravated by dental infection.

If we are to include the sinuses in this class, the most common disturbance is maxillary sinusitis, due to the close proximity of the sinus to the roots of the teeth of the upper jaw.

DISEASES OF THE GENITO-URINARY SYSTEM

Dental infection may become a definite primary focus with chronic or recurring infection of the urinary tract. Such diseases as acute nephritis, chronic pyelonephritis, interstitial cystitis, recurring nephrolithiasis are reported to be caused by dental infection. However, in such and similar diseases, dental infection may act as a contributing cause if not as the primary one.

Menstrual difficulties have been traced to the influence of dental infection and in pregnancy the same influence may be deleterious to the vitality of the foetus, as well as to a nursing baby, which may be

(Continued on page 30)

TOURING MEXICO

MAURICE SANDERSON
and
VICTOR SLEPIKAS

South of the Rio Grande lies a vast and fascinating land known to most of us only as a story book place, famous in ancient exploration for golden treasures and hidden cities. Fitzpatrick has led his innumerable vicarious globe-trotters southward—and so we too have decided to lead you on a trip.

We started from Laredo, Texas. After acquiring the necessary credentials and undergoing the usual baggage inspection by customs officials, we crossed the International Bridge to enter the new world. As we crossed we noticed that all our movements were being observed by men stationed in towers at each end of the bridge. Coast Guard men patrolled the river below, watching for illegal passage of aliens and goods to and from Mexico. We shivered a little when we noted the casual manner in which firearms were displayed by the officers of both governments. As we drove into Nuevo Laredo, we became aware that we were in a land completely different from our own. The architecture suddenly took on a different Spanish air, the costume of the people changed appropriately, and it dawned on us that Hollywood was right—Mexico suddenly became romantic and mysterious. We sped along southward on the straight and narrow highway pausing momentarily to pass inspection by more government officials. The country lay bare and solemn, covered only by short scrubby brush. Here and there stray cattle wandered about, unconfined by man-made barriers. The land is hilly and now and then the road dipped and we splashed merrily through the little ponds

left by recent September rains. Occasionally one came upon signs of human habitation. Little huts of grass and sticks slipped by—shabby human dwelling places.

Now and then these huts banded together and yielded a humble village and here perhaps women folk appeared. Apparently the men were all away, working on the ranches or on the highway.

Perched atop a luxurious green hill was visible a large white cross. The sight was impressive. As we drew closer a cemetery lay at the foot of the hill. Here earthly remains were deposited in crude vaults made of gigantically heavy slabs of stone, built to withstand the elements for centuries.

From this point as we traveled southward we entered the mountain region of northern Mexico. As we looked up, the peaks of these mountains seemed to be cut by overhanging dense white clouds which stood out against the green slopes. The winding roads through the mountains were speckled with tiny crawling forms of automobiles. Nothing but a low brick wall protected us from plunging off the roadside to a ghastly finis.

It was with a great sigh of relief that we left these treacherous mountains and proceeded along the straight highway. From this point on, evidence of civilization and agricultural development appeared. Golden grain fields arose along the sides of the roads stretching off into the distance. We were now in farming country and were met now and then by the traditional Mexican peasant urging onward a poor little burro that suffered under an enormous load of green corn.

Soon we reached the wonderful city of Monterrey. Made famous, perhaps, in the popular love-song of some years back, the city has a charm all its own. Here is real atmosphere. The main street is broad and attractive and gay. Here bull-fighting arenas are seen, brilliantly decorated in colored tile with pictures of leading Mexican matadors. Now we reached the market place, colorful scene of much activity, where can be bought all sorts of exotic fruits, vegetables, meats, jewelry, clothing and the most amazing collection of native curios.

It was with extreme reluctance that we left this



magnificent city, knowing full well that all of its enchantment had not been seen. On the morning of our departure we journeyed several miles out of the city to view one of the most impressive sights that human eyes can behold—Horse-tail Falls, white sprays of water assuming the form of a huge horse's tail, tumbling down the mountain-side.

There was much to see and much more remains to be seen and learned of Mexico. In our talks with the friends we made while there we learned something of what the feeling is for the United States. International solidarity between Mexico and America has grown strong under the influence of the present European conditions. We have been skeptical in the past as to Mexico's attitude toward America as far as foreign affairs are concerned. Several years ago a grave crisis existed which threatened the friendly bonds between our nations. During this time it was feared the American oil holdings in Mexico would be confiscated. These difficulties however were overcome through friendly negotiations. It was to the advantage of both parties that these problems were settled. A united front exists which is readily seen in the congeniality of the Mexican people to the American tourist. The Mexican people are as deeply concerned with our mutual problems as we are ourselves. For this attitude we must be thankful, for we know now that an invasion of our country by a foreign power through Mexico will meet a definite opposition both morally and materially. The keenest interest is exemplified by the fact that they keep in contact with all news pertaining to foreign affairs. The reception of news is not easily managed, for radios are a luxury. However, wherever there is access to one, a large number of enthusiastic listeners are to be found. An interesting incident occurred while we were out enjoying the Mexican entertainment. A group of Mexicans were listening to a Mexican broadcast on the current news. All we could make out, not being able to speak Mexican, was the word *Americanos*. Deep concern was noted on all the faces of the listeners. At the end of the broadcast, they conversed in very agitated tones only interrupting to look at us. Finally, feeling uneasy, we asked one of the men what all of the excitement was about. In a broken English he told us that an American vessel had been sunk. This increased our curiosity and so he asked where the sinking had occurred. Amazed and disappointed, the fellow answered, "Americano ship sunk on the radio."

A new Mexico is fast maturing. Progress is being made in the fields of education, communications,



agriculture and industry. It is well that we encourage and assist our Mexico friends to build their nation into a modern progressive world power, so that we and they can stand together, come what may, in defense of the New World.

By Sir Astley Cooper: "He is a good surgeon who can amputate a limb, but he is a better surgeon who can save a limb."

THE STAFF OF

THE QUARTERLY

Editor in Chief, Jerome S. Tobis

ASSOCIATE EDITORS

A. Harry Barasch, Leroy P. Levitt, Daniel Belinker.

MEMBERS OF EDITORIAL STAFF

J. C. McNamara, E. H. Einhorn, B. Liebschutz, E. Flick, H. Sloan, E. Raicus, Verdemae Karr, H. Weisberg, M. Podolsky, S. Nichtern, S. Wollen, R. Rowlette, J. Siegel, A. Wein, J. A. Smith, Ph.D.
M. Sanderson, V. Slepikas

BUSINESS MANAGER

Ray Adelman, D.D.S.

MEMBERS OF BUSINESS STAFF

Jean Brodsky, Asst. Manager, A. Hecht.

ADVISORY BOARD

H. A. Smth, M.D., M. P. Borovsky, M.D., R. G. Roberts, Ph.D., Harry Culhane, M.D.,
John C. Evans, D.D.

Tentative Program of Joint Convention of AMS and ICA

Site:—International House of the University of Chicago

Friday Evening, Dec 26.

Registration of Delegates (International House).

Tour of the AMA Headquarters.

Clinics at Billings Hospital.

- 1) Dr. Walter Palmer—Medicine
- 2) Drs. Buchanan and Walker—Neuro-Surgery
- 3) Dr. Phemester—Surgery

Saturday Luncheon

Guest Speakers:—Dr. Cutter, Council on Medical Education
and hospitals of the AMA

Dr. Caldwell, Sec. of AHA

Dr. Zappfe, Sec., AAMC

Dr. Johnson, Dean, U. of C.

Saturday Afternoon;—

Reports of the two national presidents and general discussion. Setting up of
credentials committee resolutions committee and nominations committee.

Saturday Evening:—Discussion of Theme; MEDICINE AND NATIONAL DEFENSE

Dr. Fishbein (15 minutes of national hookup over NBC)

Mrs. Roosevelt has stated her willingness to participate in the discussion and
attempts are now being made to assure her presence at the convention. (Possi-
bility of more radio time.

Sunday Morning, Dec 28.

Interfaith Service

Business session at which time there will be reports given by the various func-
tioning National Committees. Journal discussion to be brought up here.

Sunday Afternoon: Panels

- 1) Medical Aid to the Allies (Boston)
- 2) Medical Student and Intern Welfare (N. Y.)
- 3) Medical Education and Legislation (Baltimore)
- 4) Military Medicine (Washington)
- 5) Civilian Defense (Chicago)

Sunday Evening:—Dance for Medical Aid to the Allies.

Monday Morning and Afternoon, Dec 29

Organizational Problems:—Fusion, Policy, Resolutions, Election of Officers, com-
mittee chairmen.

Monday Evening:—Banquet:—

eral of Chicago Area, British Medical Student p. 18. New officers of the organi-
zations. (Possible presentation of Schering Award.)

MEET COL. MOFFAT



We are happy to inform our Alumni in this issue of the magazine that at long last the Board of Trustees of The Chicago Medical School have launched a campaign to raise an endowment fund for the school.

Friends of the school who have kept in close touch with its activities during recent years are enthusiastic over the gains that have been made since Dr. J. J. Sheinin, Dean accepted that post, so that today, without exaggeration, the school is abreast of all American Medical Education.

The greatest handicap in recent years has been the lack of endowment funds. And whatever improvements may be made in other departments it is safe to say that The Chicago Medical School however good can not become accredited until this need is met.

A contract was recently signed with Ward, Wells & Dreshman, one of the outstanding campaign organizations in the country, to conduct this drive. A few weeks ago the firm appointed Col. S. A. Moffat, a graduate of Brown University, class of 1902, as campaign director. Since his graduation Col. Moffat has been engaged in campaign work continuously with the exception of two and one-half years which he spent on the Continent during and following the first World War. For his work in organizing and administering relief in France he was decorated by the French gov-

ernment as Chevalier of the Legion of Honor. The Colonel has had a rather remarkable experience in the campaign field not only having conducted campaigns all over this country but in Canada, Great Britain, France, South Africa, Australia, and New Zealand. He brings a background of experience to bear upon the problems that confront The Chicago Medical School.

When asked if he did not think that this was rather a large undertaking he replied that the answer to that question depended largely upon one's attitude of mind and added, "Whatever you undertake plan in a big way. Think big! That suggestion was supplemented with the statement that there are enough graduates of The Chicago Medical School available to do almost anything they might undertake and if in this campaign they are willing to put their shoulders to the wheel and give the same kind of support to their Alma Mater as the present under-graduate body has given, we can not fail.

In those days when the Jolly Roger fluttered from the main mast, the surgeon on the vessel came in for a one-fourth share of the booty as his salary. Some times the ship's surgeon was captured as part of the booty and when taken, he was often forced to serve a new master.

* * *

In our own clinics, a Southern patient told the Junior Student that she had "Risins in the haid." The student, a Pennsylvania Yankee entered on the chart history, "hot flashes in the head." The Alabama Junior, his partner, laughed because he knew that the patient had indicated that she had a furunculosis.

* * *

The arm-chair philosopher of old Greece concluded that the testes were simply weights which stretched the vocal cords; hence the high-pitched voices of the eunuchs, which were produced by the shortened vocal cords which had been deprived of their weights.

MRS. EVANOFF VISITS

Mrs. Evanoff, wife of a part time worker at odd jobs, and her three children, walk down Wolcott Avenue to 710 South, and pause to read the familiar sign "Chicago Free Dispensary." To her, and to some hundred others each day, it means Medicine at Low Cost, Medical Care by Specialists, Consultations with Physicians Interested in THEIR Troubles, and Encouragement and Kindness from Everyone.

Mrs. Evanoff leads her children up the steps into the waiting room of the Clinic. There she is met by the admitting worker, Miss Mary Herbster, who tells her, "Please write your name, your address, and the names of those in your family on this sheet. I will talk with you as soon as I finish with two patients." Mrs. Evanoff seats herself and fills in the sheet, the first of several which will, when completed, tell everyone about her that could possibly be of use in determining her past, present, and future health.

After a few minutes, Mrs. Evanoff's turn comes to see Miss Herbster. In the latter's office the real work of the Clinic begins. First, they work out a budget which shows whether Mrs. Evanoff is capable of paying for the services of a private physician, or whether she is eligible for the Clinic. It is found that the income is about ninety dollars a month for her family of five, which is small enough to permit eligibility for Clinical services. After that Miss Herbster asks a number of questions, all arranged so that the correct answers are usually forthcoming, regarding previous treatment in hospitals, by other clinics, by doctors, the use of social agencies, and "what seems to be wrong." All this information is recorded on a standard form sheet approved by the principal medical and social organizations of the country. These sheets, when carefully filled out, give a clear picture of the social and economical status of the patient. Miss Herbster's responsibilities are many; upon her rests the job of establishing the true situation of the patient, and this determines the eligibility of the patient for Clinical services, occasionally for W. P. A. and Relief, and even for judgment in medical-legal cases.

Mrs. Evanoff is next sent to the medical department, which is under the direction of Dr. Harold Ovenu, where she receives a complete physical examination. Urinalysis, including smears and cultures, and blood tests, including the Kahn test is made by Technician Miss Betty Adams. From such a thorough physical



Dr. Ovenu personifies the Spirit of the Clinic as he examines a trustful patient.

examination a tentative diagnosis is made, and Mrs. Evanoff then is sent to various departments of the Clinic, depending on her ailment. These departments, make their own examinations, and prescribe remedies. Pharmacological prescriptions are filled by Mr. Walter Wysocki, clinic pharmacist.

In the meantime, the unit records obtained by Miss Herbster are examined by Miss Zoe Harpster, R.N., Director of the Dispensary and Clinic. She reviews all new records and many old ones daily. From the information in the unit records, she sends letters to hospitals, clinics, doctors, and social organizations in order to verify the statements on the records, to inform these establishments of the Clinic's activity, and to ask their co-operation.

(Continued on page 33)

THE CLINIC



Prelude to Clinical care: Mrs. Evanoff and children.

Miss Harpster, director of the Dispensary and Clinic.



The first interview: Mrs. Evanhoff and Miss Herbster (right).



A unit record, telling practically everything about each patient is kept in excellent order by Miss Peters (left) in this, the General Office.



"Now take this and follow the directions on the bottle." Mr. Wysocki instructing a patient.

THE QUARTERLY



In this well equipped laboratory Miss Adams makes the various routine tests required by the Clinic.

NOTES FROM AN AMERICAN MEDICAL STUDENT IN THE ORIENT

Yokohama, June 22, 1940.

I note that the stevedores and all the male population I met in the streets of Yokohama were either old men or very young boys. I *hear* that there are many things that cannot be obtained in Japan. I tried myself to get some Japanese wine, saki, but found it impossible. I understood that the allowance of sugar is but 2 pounds per month per person, that coal will cost about \$500 Shanghai dollars per ton—\$52.50 in American money. I hear that only 2 boxes of matches are allowed to a person per month. Yes—there are indications that Japan is feeling the pinch of war, but I noticed that the girls, women and children were all rather healthy looking. I did not see privation or starvation. True, I did not go to any slum areas but I walked around for 4 or 5 hours and I imagine I should have seen at least one shady case.

Shanghai, June 25, 1940.

It is rather early in the morning now. We are anchored a bit away from land. The tender has come out and Chinese coolies are unloading baggage. You would be amazed at the strange things they do here. For instance, they had to use a hose on the coolies to keep them from climbing up the sides of the ship.

Shanghai, June 28, 1940.

We were taken to a Chinese factory. The trip through this place took over two hours. There was a minimum of machinery. Practically everything was worked and made by hand. Even the armatures were wound by hand. . . . After that we went to a Chinese engagement dinner. We had tea in the garden—tea without sugar or milk. Later we ate a Chinese feast with Chinese wine—sharks fins and all the trimmings that go with such a feast, I don't know what I ate! After 3 or 4 hours of feasting, there was dancing and finally at 12:30 A. M. we left to make the boat. I had an enjoyable evening

even though I was the only foreigner and white man in the group. . . . We arrive in Hong Kong tomorrow. From what I hear the situation in Hong Kong is not very stable. The Japanese entirely surround the colony and have a fleet stationed there just to show that they must be reckoned with.

Hong Kong, July 3, 1940.

It's pouring like one of the tropical storms you read about in novels and see only in the movies. . . . I visited the University and as far as they are concerned, they are glad to have me. I believe they desire to compare the ability of the foreign student with that of the native student. Practically all their students are Chinese with the exception of a few Portuguese and White Russians who have lived all their lives in the East.

But—where am I to stay? I wanted to get into the dormitory—any one of the six—but I was plainly advised that I couldn't possibly live there—loss of face or some such rot. I should find lodgings soon, because living in a hotel, even a cheap hotel where I have to share my bed with a colony of ants, is rather expensive. . . . If this crisis blows over, this place is all right. It is a bit hot and rather damp but one can get used to that. The University is very nice, not too picturesque—it was built within the past 25 years. There are separate buildings for anatomy, physiology, surgery, etc. The reputation of the Faculty of Medicine is excellent, the finest in the Orient.

Hong Kong, July 5, 1940.

One gets along very well on English alone. However, it is very much nicer if one knows Cantonese or the national dialect, Mandarin. If I find time I'll learn a bit of both. The hospitals are rather large. Clinical instruction is very good, pre-clinical work is like that in the U. of Glasgow; dissection in anatomy is something like that in the States.

I'm going to live in St. John's Hotel near the University at \$20 H. K. per month. (\$1 H. K.—1 shilling—about \$0.25 in American money.)

Hong Kong, July 11, 1940.

I'm in the common room of St. John's Hall, a room about 40 feet long and 20 feet wide. There are a lot of leather chairs all around, some tables and some wooden chairs too. Upstairs, on the first



floor I have a middle-sized room all for myself. I have a very small insufficient closet, a large desk, a book-case, and a bed which is my own property.

Hong Kong, July 15, 1940.

I am now all set. I work from 8:30 A. M. to 12:30 P. M. and then from 3 to 7 P. M. In the evening I usually read or talk to some of the boys here. I have made several friends. I can also report that I went swimming in Repulse Bay—taken in style. A car called for me. I went with my Chinese friends N— L—, his father (manager of the bank) and N—'s two brothers. Later I had dinner at their home and finally was taken back to the hotel.

Hong Kong, July 19, 1940.

What do I do with myself? Well,—I always get up at 7 A. M., at least no later than 7:30. Sometimes it takes half an hour before my body does what my mind says it should. At 8 A. M. I always have breakfast—dry cereal and milk, an egg, two pieces of toast, butter and a glass of milk. Breakfast is brought to my room by a house boy who incidentally doesn't understand a word of English. We get along fine. I either eat what he gets me or I starve. No, not quite. The number one boy understands English and if I want something I either ask him or I get some other student to make my boy understand me. The boy who takes care of me serves about 3 or 4 others.

The cook is absolutely lousy. For the past few days I've been riding into town for my meals.

The remainder of the day is broken up into study periods. I sit out on the open porch, in my shorts and I study. It's hot. I sweat like a pig and I'm getting very brown.

Tonight I talked with some Chinese medical missionary students—everyone of the Chinese students here has been most eager to be of help. The British just don't have anything to do with them and they, being proud, won't have anything to do with the British. However, the Chinese look upon the Americans as friends and as such have been rather helpful.

Hong Kong, August 3, 1940.

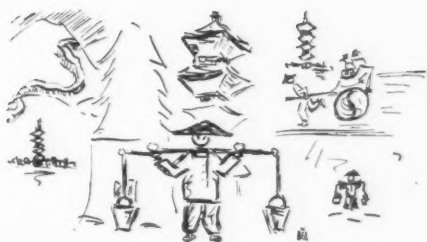
The rains seem to have come. There has been one steady downpour for the past 3 days. Everything is damp and wet. My clothes have already become moldy. I wonder if I'm next.

Hong Kong, August 6, 1940.

I've found out what gets moldy next—my books.

Hong Kong, August 16, 1940.

Up to now I've gone through some anatomy notes, studied thoroughly my embryology and gone through



materia medica. In addition, I've found or made time to study Cantonese. I'm not very good at it but I do begin to recognize some words when the Chinese get together.

Hong Kong, September 9, 1940.

I now occupy the former office of the warden. Room 19—did not have much sunlight, the kitchen, its smell and its roaches, came a bit too close for comfort and it was too damp. School was supposed to have begun today. Actually there were no classes, just paying of fees and such.

Hong Kong, September 16, 1940.

School has now been in session for over a week—the English of the Chinese lecturers is rather difficult to understand. I have met the white students of the University. There are 8. Six of them are Russians from Shanghai, one a Russian Jew and one local boy whose father is in a concentration camp because he is German.

Hong Kong, September 27, 1940.

The climate . . . is just hot and soggy. I get up in the morning soaking wet, tired from a restless night. I take a cold shower go to chapel, eat and then go to class. In class, whether it is a lecture or laboratory, my clothes become wet from perspiration and by the time 12 or 1 o'clock comes around I'm practically all in. From 2 to 5 I go to anatomy dissection and when I get out I go for a shower and sleep till 7:00 P. M. The weather is very debilitating—the Chinese are about the most snobbish people alive. The stress they lay upon family is something that must be seen to be believed.

Hong Kong, October 10, 1940.

Did I tell you I am giving an unofficial class in physiology? It started out with 5 students, the second session had 2 and this one looks as if the whole class will turn out.

Hong Kong, October 28, 1940.

The place is bristling with guns everywhere. Every night one wakes up with a start to the booming of the guns—practice. Once the air-raid sirens went hay-

(Continued on page 25)

PERSONALITIES



WILLIAM BETHKE

"The endowment drive is the most important move before the School at the present time. The members of the Board have complete accord and confidence in the ultimate success of the drive. The work that the students have been carrying on is encouraging to the Board, and I feel that this work rates equal in credit with us."

Mr. Bethke was born in Franklin, Minnesota in 1885. He attended high school in his home town and then studied at the University of Minnesota, where he received his B.A. and M. A. degrees. For two years he acted as Student assistant in the Economics Department and then became Instructor in Economics at the University of Colorado.

In 1914 he became affiliated with the LaSalle Extension University in the Department of Business Administration. Since 1919 he has been General Educational Director and now is also Vice-President and Secretary.

He has led a very active life, as shown by his numerous affiliations with organizations. He is a member of the Chicago Association of Commerce, The American Economic Association, Phi Beta Kappa, Phi Gamma Mu, Ex-President of the Ridge Civic Council. He has been a member of the Board of Trustees of The Chicago Medical School since 1938, serving as Chairman in 1939-1940.



CHARLES H. WESTBROOK

In painting a word picture of Mr. Westbrook, one of the more active members of the Board of Trustees of The Chicago Medical School, one must begin on an Iowan farm in 1882.

In his youth, he followed the normal routine of country school to private Academy, coupled with an active outdoor life as is evidenced by the fact that he enjoys the best of health today. He then embarked on a meteoric career with the Northwestern Railroad at the age of nineteen and celebrated his 40th anniversary with them in November. He is at the present time Comptroller of the railroad company.

We found Mr. Westbrook to be a most sincere and courteous man, whose judgments and opinions were so well planned and thought out that we are certain that he is a definite asset to our Board.

He is an active member of the Comptroller Institute of America, The American Railroad Association and is one of the Board of Directors of the Professional Y. M. C. A.

As a member of the Endowment Committee, he assured us that the endowment drive has been very carefully organized and that the men chosen to head the effort are thoroughly sincere and wholly competent.



FACULTY NOTES

Dr. William Ellery McFarland, new Associate in the Department of Anatomy of The Chicago Medical School, was born March 24th, 1909. In 1930 he received his B. A. from Arcadia University in Canada. Previous to this, he assisted three years in Biology, winning a scholarship to Woods Hole Marine Biological Laboratories. With top ranking in Biology at graduation Dr. McFarland won a scholarship to St. Andrews Biological Station at New Brunswick. During the years 1930 to 1933, he was Assistant in Zoology at Yale University, then becoming a Research Fellow in that Department in 1934. On receiving his Ph.D. from Yale University in 1934, his paper was commended as one of the best to be received over a period of many years. Following this, he spent the years from 1936 to 1939 at the American University at Beirut, Syria, where he taught at the medical school and was chairman of the Department of Biology.

During his third year there, he was promoted to Associate Professorship with a sabbatical year to America, when the war prevented his returning. Two years research and teaching in the Department of Anatomy at the Northwestern University Medical School followed, from which institution he came to The Chicago Medical School, where he is now affiliated in the Department of Microscopic Anatomy.

In spite of these many accomplishments, he has still found time for extracurricular activities in the way of baseball, winning a Varsity letter, soccer and ice hockey, which game he coached and refereed.

Dr. McFarland belongs to the Yale Chapter of the Society of Sigma Xi, and the American Association for the Advancement of Science. In the past year he has presented papers on Anatomy, Neuro-glandular physiology, and other related fields before the American Association of Anatomists and Neurologic Institute at Northwestern University. His papers have appeared in Journals of Stain Technology and Journal of Comparative Neurology.

THE QUARTERLY



Dr. Maurice Oppenheim, Professor of Dermatology and Syphilology at The Chicago Medical School was voted an Honorary Member in the Minnesota Dermatological Society.

* * *

The American Society for the Control of Cancer, Inc. has appointed Harold D. Fish, formerly Professor of Microscopic Anatomy at The Chicago Medical School, as Assistant Managing Director. Professor Fish formerly was engaged in cancer research at the University of Michigan and has also been director of the Kartabo Laboratory of Tropical Biology, British Guinea. His many other activities have been as research assistant of the Carnegie Institute and the Pittsburgh Skin and Cancer Foundation.

* * *

Dr. Frederick Spector, Instructor in the Department of Anatomy, is now engaged in research in anatomy at the Northwestern University Medical School leading to the Ph. D. degree in anatomy.

NOTES FROM AN AMERICAN MEDICAL STUDENT

(Continued from page 23)

wire and woke us all at 6:30 A. M. We wondered what was wrong and expected the worst. However, it was only a short circuit.

The weather changed rather abruptly—2 days ago it was 87 degrees. Yesterday it was 56 degrees. The Chinese are rather adversely affected. More than $\frac{3}{4}$ are from the tropics and they shiver in this weather. *Hong Kong, November 11, 1940.*

We had a practice blackout. No lights on all evening, or if they were, all shutters had to be closed. This made the room so stuffy that I just put out my lights and took the evening off. I went out on my private porch, smoked my pipe, looked at the stars and the criss-crossed beams of the searchlights scanning the skies.

25

ALUMNI

These columns belong to the alumni. Expressions of opinion and articles, technical or lay, are solicited. Announcements of engagements, marriages and births (in this order preferably) will be faithfully recorded. We'll entertain any and all queries regarding the school and what's become of Joe Smith. We are aware how limited the time of a busy practitioner must be, but if you'll get rid of your inertia and send us some uninhibited news about yourself, we'll guarantee a genuine lift to your spirits as you read about the boys you sat next to in anatomy and pathology a long time ago.

Class of 1898

M. H. Pauly writes to let us know that he is still in active general practice. We toast him to many more years of medicine.

1901

In Frank P. Thomson, C.M.S. has a genuine dyed-in-the-wool globetrotter. A recent thumb-nail biography flashes romantic names like Penang, Borneo, Rangoon, Calcutta; sketches an attempted scaling of Mt. Everest, exploring the upper reaches of the Bulangan River, photographing the Dyak head-hunters, big game-hunting expeditions to Africa. At present, all his active adventuring is confined to the dark reaches of the eye, ear, nose and throat; he succumbs to wanderlust only to the extent of acting as President of the Adventurer's Club.

1902

John Higginson informs us that on the twenty-eighth of April, A.D., 1939, he retired from active practice and is now busy devoting his time to "scientific loafing." He says further, "fishing, gardening, and my cocker spaniel are my hobbies, and, I think, keep me pleasantly occupied."

1905

Emil H. Bromund writes— "At present, am taking courses in the evolution of man and in anthropology at the University of Chicago." Which, tho strenuous, isn't such a bad way to keep occupied, either.

John E. Koons boasts that he is one of three members of the class of 1905 left. That he also manages to keep busy is evidence by this partial list: Medical Advisory Board No. 2 Selective Service; Norwegian-American Hospital; Rehabilitation work, American Legion; 1st President and Secretary, Northwest Branch, Chicago Medical Society.

1906

Carl R. Pederson has recently retired from practice. Alfred V. Oldenberg makes his presence known to us.

1907

A. P. Waterson of Niles, Michigan, informs us of a very active practice.

1909

Chas. G. Johns is doing industrial surgery. Maurice H. Duckey is Examining physician, Board 149. W. B. Woodward has recently retired.

1911

M. S. Corbett is engaged in industrial surgery.

1915

Harry Lee Shafer tells us of failing health and temporary retirement. Our best wishes for a speedy recovery.

1916

I. M. Mason mentions his being a member of the biological staff of Provident Hospital.

1917

E. A. Courier is practicing in Keyser, West Virginia, and has been secretary of the Potomac Valley Medical Society for the past four years; perennial also is his appointment as City health officer.

1919

Harry H. Boone writes briefly: "Nothing interesting to relate to you at present time. I would like to see Chicago Medical School with an 'A' rating." We add a lusty amen.

A. J. Offord tells us his hobbies are 1) choir director for past 16 years; 2) good shot at the gun club.

1920

S. Monkiewicz cryptically says: "I do not want to set the world on fire." From the picture of the same name, we suppose.

1922

A. F. Connor is now Chairman of the Department of Medicine, Provident Hospital.

1923

Henry C. Tolbert another representative of C. M. S. is on the staff of Provident in the capacity of Associate Attending Physician.

1926

John E. Swenson is celebrating fifteen years of active practice at the same address. Our sincere congratulations are tendered herewith.

Charles S. Van Oosten is doing his bit as Senior Surgical Member, Jackson Park Hospital Staff; Chairman, Thursday Pathological Conference.

1927

H. L. Drunosky has completed twelve years as Health Commissioner for Stickney Village and Sticknew Township, and still going strong.

1928

Henry Ruffu sends us this inspiring message: "I never give up hope for an earned recognition by the A. M. A. of C. M. S. I live toward that end with a sincere purpose that will win." We want more like you behind us we're bound to win.

William T. Gueno is examiner for numerous insurance companies as well as for Selective Service.

1930

Roger D. Shafer is also examining men for Uncle Sam's army in Franklin County, Board No. 1.

P. H. Stevens reveals himself an incorrigible punster. Says he: "It seems as though I 'fell' into a practice with the demise of my colleague; in fact, 90% of my work is just sciatic and low back aches. Treating them with massive Bier's hyperemia."

1931

N. G. Hagler volunteers his success story. "Am sponsoring the building of a fifty bed hospital in East St. Louis. Hope to have it partly ready by January 15, 1942." We uncork some champagne to the success of the hospital.

W. A. Bittner is examining draftees and is on the health board of the Post Office Department in Paris, Illinois.

Emily Ann Svoboda gives as her present activities: "Married to Thomas A. Roscoe." In parenthesis she adds, non-professional. Belated congratulations are in order, even if he is non-professional.

1932

A. D. Yaney is on the staffs of Bethany and Walther Memorial Hospitals.

M. F. Heidgen is President, 2nd District, Illinois Hospital Association and is Administrator of Elmhurst Hospital.

1933

Joseph A. Marlo sketches his activities since graduation: "Interned 1933-1934; licensed 1935; CCC camp 1935 to 1937 (California and Montana). Spent four years at Stanley Hospital in El Monte, California. Doing plenty of surgery." Which brings us up to date; let's keep it that way.

Allen R. Morrison is, Chamber of Commerce please note, a Maywood booster. He is Maywood Health Commissioner; Post President, Maywood Lions Club; Charter Member and Board of Directors of the Greater Maywood Association. You've guessed it, he lives in Maywood.

THE QUARTERLY

Frank Armbruster sends us this note: "All alumni are keenly interested in news of the school's progress, as it concerns us all. Many alumni are critical of the absence of authentic reports." We suggest three ways of keeping posted: 1) Alumni Association membership, 2) subscription to "The Quarterly" 3) Chicago Heights is not so far from the school and every day is homecoming day at C. M. S.

1934

A. N. Mansion mentions his hobbies: golf and bowling. Of the latter, "Placed in the money in doubles at the A. B. C. at St. Paul."

Anthony G. Salvatore is in general practice in a small town and emphasizes, "I am enjoying it."

Alfonso G. Prieto is in practice in Albuquerque, New Mexico. Five doctors, he says are doing especially well. We give you the guess—they are all C. M. S. men.

E. S. Rossman reports just getting back to practice after a serious accident. Details are lacking.

Andy Silverman wants to know the whereabouts of Vic Wedel, 1935. He goes on to boast: "Many of my old schoolmates may be startled to learn that I've recently been married—they said I'd never do it." Well, you went and "done" it. So we're throwing you some old shoes, rice and our good wishes. Vic Wedel may be addressed, 1228 High Street, Keokuk, Iowa.

O. R. Zunkel has written us. Among other things, he mentions that B. C. Kappmyer, '35, of Hamilton, Illinois, has been absent from his practice for about three months due to illness. We are sorry to hear this; we hope he is soon restored to health and can write to us personally.

1935

S. A. Jackson launched a thirty bed general hospital August, 1941.

Alfred J. Tanny, practicing in Albuquerque, N. M., informs us that both his health and practice improve every year.

A. J. Nowakowski is doing some huntin' and fishin'. As yet no stories have been forthcoming but we hereby go on record as inviting all and sundry Izaak Waltons to tell us about the ones that did and those that didn't get away.

L. R. Ireland is specializing in surgery and is doing so well that "the army may not want me."

1936

L. H. Turek announces his imminent engagement.

1937

A. W. Wellstein is absorbed in trying to learn to play golf; raising daughter Ruth Aline, age seven years; acting as Trustee, Geneseo Kiwanis Club; Di-

rector of Laboratory, J. C. Hammond Hospital; Chairman, Geneseo District Boy Scouts of America.

Albert Liedeman writes: "—when I get lonesome, look forward to visiting Chicago for a weekend."

C. C. McIntyre of Berwyn, Illinois, notes that "all the boys out this way are making good without exception."

1938

G. Butemiller is specializing in surgery and lists his one month old son as sole hobby.

Frank G. Gatti sends "lots of luck for the school" from Louisville, Kentucky.

A. L. Grizzaffi is associated in group practice with two schoolmates—Paolozzi and Zaborsky—along with five other physicians.

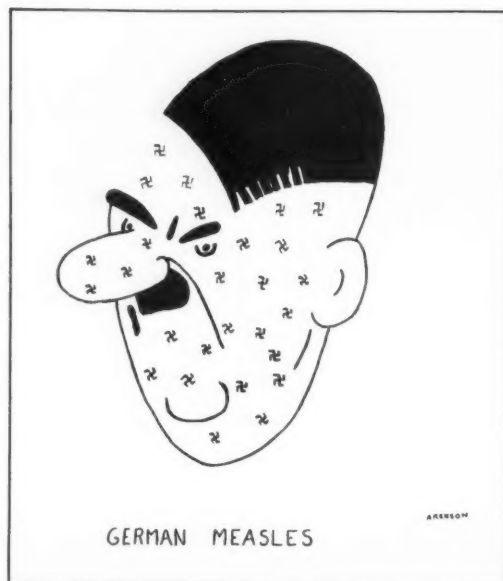
1939

George E. Fisher is resident physician at Mercy Hospital, Johnstown, Pa.

1940

J. J. Fairshier is resident at Post Angeles General Hospital in Washington. He tells of "occasional trips into the rugged mountains or emergency mercy flights." We're eager for details.

Gene Arenson is medical examiner for Local Draft board No. 135. He is also Associate Medical Director of the Danish-American Hospital, Chicago.



THE ACUTE SURGICAL ABDOMEN

(Continued from page 5)

THE LABORATORY:

Perhaps the best that the laboratory has to offer in "acute surgical abdomen" is the fluoroscope or "scout" x-ray film. This may be, and often is, of decisive importance in the diagnosis. The finding of an air bubble under the diaphragm is ruptured peptic ulcer is diagnostic, but is only present in 75 per cent of the cases. The presence of a distended bowel and fluid levels not only diagnoses obstruction, but often the location of the obstruction can be seen in differentiating between distended loops of small bowel and distended colon. Volvulus may show, for instance, a rather characteristic picture. Pictures of the chest may rule in or out pneumonia; the presence of opacities may diagnose abscess cavities or collections of blood; and the position of a bullet in the body in relation to the wound of entrance may decide the matter of when and where to operate.

Other laboratory procedures may at times be very helpful, given the time and opportunity to do them. The electrocardiogram may be helpful in ruling out coronary disease, blood chemistry in uremia, icterus index in biliary tract diseases, the blood diastase in pancreatitis, and, of course, the blood count and urinalysis, but the diagnosis of "acute surgical abdomen" still rests on the same old fundamental principles:—first, carefully taken history, second, a careful and complete physical examination, and third and last, the laboratory findings.

Santorio Santorio (Italy, 17th Century), is considered the "first famous master of experimental medicine." Besides adapting the use of the thermometer to medical practice, he performed metabolism experiments upon himself, and accounted for the discrepancy in unaccounted loss of weight by expanding his ideas of "insensible perspiration" which expression he coined. His development of the "pulsilogium" (chromometer whose rate was used to time the pulse) revealed his recognition of the pulse rate as an important factor in medical diagnosis.

Not until 1707 did Sir Thomas Floyer again call the attention of the medical profession to the importance of counting the pulse, and temperature curves were little considered again until Ludwig Traube (of Traube's Semilunar Space) in 1852 published the first temperature curve as recorded in fever.

THE QUARTERLY

ABSTRACTS

HOWARD SLOAN

THE COMMON ETIOLOGY OF ERYTHROBLASTOSIS AND TRANSFUSION ACCIDENTS IN PREGNANCY. Lyman Burnham, A.B., M.D.,

American Journal of Obstetrics and Gynecology, 42:289-397, Sept., 1941.

The author presents evidence to substantiate the theory that the conditions of erythroblastosis fetalis and certain transfusion accidents occurring in pregnancy, whose etiology has been obscure, are due to an immunologic incompatibility between the fetus and the mother.

According to this theory there is present in the red cells of the fetus a so-called Rh antigen, inherited from the father, which is absent in the mother. This Rh antigen diffuses through the placenta into the maternal circulation, stimulating the formation of anti-Rh agglutinins. These agglutinins then re-diffuse through the placenta into the fetal circulation and by their continuous action on the fetal erythrocytes cause erythroblastosis fetalis.

This theory would also explain untoward reactions in cases of erythroblastosis where the father acted as donor in blood transfusions for the mother. The anti-Rh agglutinins present in the mother's blood stream caused agglutination and hemolysis of the transfused Rh type blood, with resulting jaundice, anuria or oliguria, and sometimes fatal anaphylactoid reactions.

In cases cited, the Rh factor and anti-Rh agglutinins were demonstrated in the donor and recipient of blood transfusions and in the fetus and the mother respectively.

DEMONSTRATION OF TUBERCLE BACILLI BY FLUORESCENCE MICROSCOPY. Oscar W. Richards, Edmund K. Kline, and Raymond E. Leach.

The America Review of Tuberculosis, 44:255-266, September, 1941.

Fluorescence microscopy is a new, more accurate technique for demonstrating tubercle bacilli. Ordinary microscopes may be used. An intense source of ultra-violet light and filters which exclude light of other frequencies are required.

The procedure is as follows:

1. Make smears of normal or concentrated sputum and fix by heat.
2. Stain two to three minutes with a solution of

0.3% auramin in 3% carbolic acid at room temperature.

3. Wash with water.
4. Decolorize with a solution of 0.5% sodium chloride in 70% alcohol for one minute. Repeat for two minutes.
5. Wash, dry, and examine with high dry objective and 5x ocular.

Tubercle bacilli take up auramin, a dye which fluoresces in ultra-violet light, and are therefore made visible by the staining process outlined above, when ultra-violet light is used.

RENAL HYPERTENSION PRODUCED BY AN AMINO ACID. Richard J. Bing, M.D. and Marjorie B. Zucker. *Journal of Experimental Medicine*, 74:235-245, September, 1941.

Since Bing had previously demonstrated that an isolated ischemic kidney, perfused in vitro, could transform 1-dopa (1-dihydroxyphenylalanine) into hydroxytyramine, a pressor substance, it was suggested that this process might play an etiologic role, in vivo, in the production of hypertension.

By various means, 1-dopa was introduced into either partially or completely ischemic kidneys. Only one kidney was used, the other being kept in the same state of ischemia as a control. Re-establishment of circulation through, or perfusates injected into, control animals from the ischemic kidney caused a rise in blood pressure. The same procedure with the un-injected kidney caused no rise in blood pressure. The same held for the partially ischemic kidney.

Cocaine enhanced the pressor effect, thus suggesting that hydroxytyramine was formed from 1-dopa.

OXYGEN THERAPY IN SHOCK DUE TO HEMORRHAGE. J. G. Schnedorf, M. D., and Thomas G. Orr, M.D., F.A.C.S., *Surgery, Gynecology and Obstetrics*, 73:495-497, October, 1941.

Dogs, deprived of food and water for twelve hours, were bled 1/2 percent of their body weight every fifteen minutes. When the blood pressure fell to 40 millimeters of mercury, the bleeding was reduced to 1/4 percent of body weight every 15 minutes. When the blood pressure fell below 20 millimeters of mercury, bleeding was stopped. Treated dogs breathed 100% oxygen; control dogs breathed air (approximately 21% oxygen). It was found that the average blood pressure fall was significantly less; a 15% greater blood loss was tolerated, and they lived 17% longer than the controls, thus indicating that oxygen inhalation is of value in hemorrhagic shock therapy.

(Continued on page 33)

FOCAL INFECTION OF DENTAL ORIGIN

(Continued from page 15)

affected by toxins from the mother.

DISEASES OF THE SPECIAL ORGANS

In connection with the eye, interstitial keratitis, choroiditis and retinitis, have been found to be due to dental infection, as well as vitreous opacities and inflammations of the optic nerve.

In connection with the ear, acute otitis media may be caused by dental infection. A case of this kind was referred to me and following the extraction of three infected teeth and the treatment of the specialist the condition disappeared. Otagia dentalis is, on the other hand, caused by reflex action due to dental pain.

DISEASES OF THE BONES, JOINTS, MUSCLES AND SKIN

Dental infection may be the cause of osteomyelitis, infective arthritis, fibromyositis and similar conditions. In arthritis, one or more of the joints may be affected. One of the types of anaphylactic arthritis is due to sensitization to bacteria and their toxins.

A number of skin diseases have been reported as due to dental infection, with toxic dermatitis, eczema, and herpes more commonly mentioned.

Toxic conditions of the muscles are due in many cases to severe dental infection.

Osteomyelitis of the jaw bones is connected with dental abscesses.

DISEASES OF THE GLANDS AND LYMPHATICS

The parotid and submaxillary and even the sublingual gland may be affected by dental infection. The nearby lymphatics and the structures of the floor of the mouth may be severely affected. The conditions are known as parotitis, lymphadenitis, cellulitis, Vincent's angina and Ludwig's angina.

References:

- Price, W. A.: Dental Infections oral and systemic
Cleveland, Penton Publishing Company, 1923
Mead, S. V.: Diseases of the Mouth
St. Louis, C. V. Mosby Company, 1940
Rosenow, E. C.: Oral Infection as a cause of Systemic
Disease
Medical Journal and Record, 1926, p. 660

* * *

When Egypt reigned high in civilization, the art of lengthening life, and insuring longevity was practiced by routine use of emetics and sudorifics at definite intervals. The stress placed on sudorifics was reflected in the customary form of greeting, "How do you perspire?"



DR. E. C. DESPOTES

Dr. E. C. Despotes, Assistant Professor of Oral Surgery, graduated from the University of Chicago with the degree of Bachelor of Science, and from the Harvard University Dental School with the degree of Doctor of Dental Medicine. He has served as a school-dentist for the City of Haverhill, Massachusetts, and later taught General and Oral Hygiene for thirteen years. He joined the faculty of The Chicago Medical School in the year 1938, teaching Oral Surgery.

CONVENTION OF AMS AND ICA

(Continued from page 7)

will do much to add to the less formal part of the convention program.

Many other interesting events have been arranged. In addition to the list of outstanding speakers and many panels, there will be a conducted tour through the building of the AMA, four or five clinics with some of the leading men of American Medicine conducting them, including clinics in Neuro-Surgery and Neuro-Physiology, a dance in the grand ballroom of the International House and a showing of the picture, "Fight for Life."

The three day convention will bring together students, internes and residents from all over the country to set up the new organization and to discuss the important problems facing them today. With the growing seriousness of events about us, this convention assumes greater significance than any of those preceding it. Thus we can, without doubt, look forward to one of the most interesting meetings in the history of the organization.

* * *

"Medicine is a jealous mistress." Most of Claude Bernard's (IV ventricle floor puncture producing glycosuria) experiments were done on dogs. His wife was an ardent anti-vivisectionist and after they separated, she established an asylum for dogs and cats.

ORGANIZATIONS

ASSOCIATION OF MEDICAL STUDENTS

The fall quarter has seen the development of one of the most active student organizations in the history of the A. M. S. at The Chicago Medical school. At the very beginning of the year, a committee welcomed the incoming freshmen and aided them in their acclimatization to the new environment of medical school. A housing bureau was established to help new students find adequate lodging. The student Buying Committee facilitated the procurement of instruments. The acting president along with the leading representatives of other organizations sponsored the first meeting of the freshmen class.

The best indication of the role which the A. M. S. has begun to assume in the student body, is the truly representative nature of the newly elected members of the executive committee. Among them are the class officers of both the Freshmen and Junior classes and participating with them in program formulation are leading people in the student body. This program, it is hoped, will aid in our common goal toward ultimate improvement of the school.

The complete program for the year, up to this point, has not been completely evolved. But from all appearances it will be one behind which the entire student body may rally in support of the tremendous effort being made for recognition of our students and school.

Going beyond the confines of our institution, we find members of our organization playing an active role in the national organization along with other medical students in the city, in connection with the coming National Convention to be held in Chicago.

From all indications, we can look forward to one of the biggest and best years of the A. M. S. at The Chicago Medical School.

PHI LAMBDA KAPPA

The Alpha Rho Chapter of Phi Lambda Kappa welcomed alumni, friends, and new students at their annual Fall Smoker held at the Hotel Sherman on Oct. 1st. Informal talks were given by Dr. M. Saberman, Dr. J. Poticha, Dr. H. Buxbaum, Dr. S. Rubert, Dr. L. Block, with telegrams read from the national office. Refreshments were served to approximately ninety members, marking one of the most successful smokers in P. L. K. history.

Under the tutelage of E. Einhorn, Superior, Phi Lamb looks forward to a year of accomplishment, scholastically, culturally, and socially. The annual

pledging activities were closed with the induction of pledges at the scene of the annual Thanksgiving dinner dance.

The yearly series of dinner meetings at which guest speakers will talk on pertinent medical and current topic will begin shortly.

Phi Lambs from all over the country will converge on Philadelphia during Christmas vacation to attend the annual convention, held this year at the Ritz-Carleton Hotel. Among this group, Alpha Rho will be well represented by many delegates attending.

Due to the fine work produced by the fraternity last year and wealth of activities indulged in, the work of the Scribe, LeRoy Levitt, was commended by the national office by awarding him Honorable Mention in contest for the best national chapter Scribe.

Instituted this year will be the Annual Phi Lambda Kappa Freshman Award, which will be given to that Freshman maintaining the highest average in the first two quarters. This prize will be equal in value to the fee for initiation and membership in the Alpha Rho Chapter.

NU SIGMA CHI

The Nu Sigma Chi Chapter at the Chicago Medical School held its first meeting of the school year on October 3rd, when the new officers officially began their activities under the guidance of Victor Slepikas, president. Here it was decreed that the fraters would do their utmost to help those who need assistance of both scholastic and social nature.

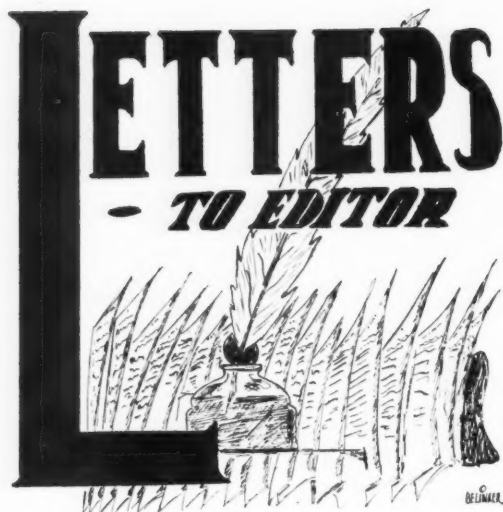
On October 10th, the first of a series of informal get-togethers was held. At this meeting, the new students were able to meet and mingle with members of the fraternity and exchange ideas in various aspects of medical school life at The Chicago Medical School. Later in the evening, informal talks were given by Alumni members Dr. Yacullo, Dr. Tido, Honorary member Dr. Kraatz, and guests, Dr. McFarland and Dr. Smith.

With the informal smoker, Nu Sigma Chi opened its activities for the school year. More of these functions, both social and educational, are in preparation for purpose of helping new students to become better adjusted and to relax from strenuous curricular work.

The Fraternity will terminate its activities with the annual dinner dance, at which time members will receive their certificates and keys. Presentation will be made by Dr. John J. Sheinin, Dean of The Chicago Medical School.

LETTERS

- TO EDITOR



To the Editor:

I want to take the opportunity of using the columns of the Quarterly to speak to the freshman.

TO THE FRESHMEN

I have spoken to many of you before as a group and to a few of you individually, but by the time this goes to press you may have achieved a more thorough understanding of what I have said, so that from time to time I may reiterate some points for the sake of emphasis.

To most of you, medicine, both in school and in practice, was up until the time you entered The Chicago Medical School, more an abstraction than an actuality. You find yourselves now in a new and fairly comprehensive system of living. With growing maturity in this field you will find your views and philosophies continually changing, until within four years you will discover that you have acquired a type of reasoning, a system of habits, and a moral standard that is quite different from that of the laity. You will grow closer to life and death and suffering. I hope you will find a tremendous thrill in being able to help people, and yet be willing and equipped to assume the associated responsibility that has become your lot. You owe it to yourselves and to the patients you will some day have, to do all you can now to gain the knowledge you will need to do those patients justice.

As you learn to adjust yourselves to new medical situations, you must similarly acclimate yourselves to patients, to society, and to the delicate psychology that is native to distressing situations. This is one of your biggest problems and your success will to a great extent depend upon the ease with which you adjust yourself in isolated situations.

You have come into what is probably the most singular and highly trained professional group in the world today. Medicine itself is a great calling: it provides you with a hobby, a living, a constant intellectual stimulation, and a means through which you will leave a definite pleasant mark for yourselves, and do good for some part of humanity before leaving this picture.

There is a great deal of deprivation that you may have to experience unfortunately, but which the privilege of practicing medicine is easily worth. You will go without sweethearts, wives, and many things that you might otherwise have. Besides medicine per se, the association with groups of men such as you will meet in the profession will provide an added reward. I doubt if you will really grasp the full significance of this before—well perhaps before your first tracheotomy in Physiology; with this you may perhaps ex-

perience a feeling of ability, and know with that, that you have found your place, that you can do somebody some good; or it may come with the conclusion of a conversation with some superior colleagues, but that thrill is there to be had somehow.

You will hardly have lifted your head out of an anatomy text before you've become "Doc." Your conduct, appearance, stability, and willingness to undertake responsibility will mark you out. You will find when it's all done, that those things, and the impressions you cast, are of great aid in helping to establish yourself as an individual in your class and in your profession. It is a mansized job; it takes a man to do it well. You all have the potentialities or you wouldn't be here in medical school. I hope you do your best to obtain the things I've pointed out.

There are many organizations in our school that want to help you with your problems—whose very existence depends upon that premise: that they can help you, materially and scholastically. Everything will be done by these groups to keep you in the running. This is proven; it has been done before time and time again.

Your school, your colleagues, your profession, and now even your country depend upon you for your best, even as you depend upon them; this interdependence is unavoidable in our scheme of life. It is hoped that you will do your best to fulfill these basic requirements and earn the dependence of men as big as you. It is also hoped that as the year progresses, fraternalism will not remain a characteristic peculiar only to the organized groups here, but rather the common heritage of the entire student body.

Edward H. Einhorn,
President, Phi Lambda Kappa.

* * *

To the Editor:

The time has come to uphold tradition—to support, through financial aid and morale the two main social functions of Chicago Medical School.

I am referring, of course, to the Junior Prom and the Senior Farewell Dance.

As the majority of students know, the success of the Senior Farewell Dance depends upon the wholehearted support by the students and alumni of the Junior Prom.

This year the Social Committee of the Junior Class of 1941, under the supervision of Mr. S. Caliendo have spent much time and labor in securing a locale worthy of the tradition and have engaged the beautiful Grand Ballroom of the Beldon Stratford Hotel; in addition, the services of an excellent up and coming name band—Gay Claridge and his NBC Orchestra has been contracted. The date of the Junior Prom will be Saturday Night, February 21, 1942. The price \$2.75 per couple.

The Financial Committee under the direction of Mr. Rottkov has set up a plan unanimously accepted, whereby the Junior Class has assessed itself 50c per month per man until the price of the bid has been paid. Each man has responded with a great deal of enthusiasm. I should like to suggest a similar plan in the other classes, and have already appointed representatives in each class to handle the necessary book-keeping, etc. This, a "time-payment" is in effect re-

moving any financial strain upon the student's already thin wallet.

The Publicity Committee, ably guided by Mr. A. Horowitz has planned for an attractive "hand-book" containing advertisements sold to local merchants thus offering another source of revenue. Posters and sights throughout the school attest the success of their efforts.

As you can see, we have not spared an angle from exploration and careful scrutiny.

We hope that all of the students and alumni will realize that we are greatly handicapped from the very start by the increase in prices due to our Nation's Defense efforts, and will extend every aid possible to us with the double purpose of making THIS PROM not only the finest we have ever had, but of making it a symbol of the ever increasing prominence of Chicago Medical School among medical institutions.

J. C. HUDELL,
President, Junior Class.

* * *

To the Editor

Dear Editor:

Enclosed you will find my check for \$3.00 for which continue to send me the Quarterly. The copies which I have already received have fired my interest, and I heartily endorse the makeup and general purpose of your publication. It is another splendid indication of the fine progress being made at our school.

Very truly yours,

I. Erlin Bartlett, M.D.

THE CLINIC

(Continued from page 20)

Since some patients who enter the Clinic for the first time are in need of *immediate* medical attention, arrangements can be made so that the patient answers the minimum number of questions, receives the attention needed, and then fills out the unit records later.

Mrs. Evanoff rests assured that she will be well and conscientiously cared for. She becomes the responsibility of the Clinic, and the Clinic has its own resources, those of the School, and those of an extensive staff of specialists, back of it. The various departments of Chicago Medical School are important in the success of the Clinic: Pathology, under the direction of Dr. A. B. Ragins and with the technical assistance of Miss Sarah Cerza, prepares sections from biopsies; Physiological Chemistry, under the direction of Dr. W. S. Hoffman and with the technical assistance of Miss Bess Osgood, makes many analyses, especially of

blood sulfanilamide, potassium, sodium, cholesterol, and occasionally identifies the reducing substances in urine.

The Clinic is a cooperative institution. Mrs. Evanoff receives medical care and contributes her maladies for study and treatment; the clinic's physicians receive only experience and some prestige in exchange for counsel and advice; . . . various departments of the School contribute their specialties, and the students contribute hands and minds under the direction of experienced physicians, and receive valuable training and experience.

J. A. S.

ABSTRACTS

(Continued from page 29)

TREATMENT OF EXPERIMENTAL TUBERCULOSIS. (USE OF SODIUM P, P'-DIAMINO-DIPHENYLSULFONE-N, N' — DIDEXTROSE SULFONATE ("PROMIN") WITH NOTES ON SOME TOXIC EFFECTS OBSERVED IN MAN.) H. Corwin Hinshaw, M.D. Ph. D. and William H. Feldman, D.V.M., M.S., *J. A. M. A.*, 117:1066-68, Sept. 27, 1941.

Eighty guinea pigs were inoculated with a lethal dose of virulent human tubercle bacilli. The control group of twelve was untreated. The rest were divided into seven groups whose treatment with "Promin" began two days before inoculation, the day of inoculation, three days, one week, two weeks, four weeks, and six weeks after inoculation respectively.

The last control animal died 189 days after inoculation. The remaining 54 animals (84%) were killed 192 days after inoculation.


In 41 (60%) of the treated animals, gross lesions of tuberculosis were undetectable. In 24 of the remaining 27, grossly visible lesions were limited to tiny subcutaneous nodules at the site of injection, regional lymph nodes, or both. Only 3 (4%) had grossly visible lesions of the viscera.

Caseation necrosis was absent. Fibrosis was often observed with occasional encapsulation of the lesions. Calcification was occasionally noted. Tuberculosis was undetected in many of the treated animals. The indications are, therefore, that in guinea pigs tuberculosis is retarded by the use of "Promin."

In humans, the only serious toxic effect due to "Promin" noted was a hemolytic anemia, which followed oral administration of the drug. Cyanosis, headache and lassitude were also noted after oral administration.

It is too early to clinically evaluate "Promin."

BOOKS



BODY MENDERS by James Harpole, Fred A. Stokes,
1939, 269 pp. \$2.75

"Mr. Harpole, Surgeon," tells the stories of some twenty cases, drawn from his own records, illustrating points in medical history, but more often reading human nature in the actions of his characters. The locale is England—the Midlands—a region now so familiar to American readers through grim newspaper headlines.

In "A Child Is Born" the author portrays human emotions and fears as ghastly entities stalking through the darkened wards of a hospital. A woman whose maternal instincts are deadened by environmental factors is restored to normality by applied psychology and a *deus ex machina*, the understanding physician.

In "Night Nurse" we find a keener appreciation of human values than might be expected. A resident physician waives hospital discipline when the husband of the night nurse on duty is admitted to Emergency. Into the impersonalized atmosphere of the hospital, personal and friendly—and inefficient elements are extended. Medicine and medical men are no longer cold and austere. The reader is touched.

"A Desperate Remedy" strikes a new low for the author. Even to a novice in medicine—the over-dramatization of a so-called miraculous cure for schizophrenia (by intravenous cardiazol method) is repugnant. When it is over-simplified in addition—and is poorly written—it becomes unreadable. However, upon reading "The Heart That Stopped," one feels that any trespass may be forgiven. We are told

in simple and terse style, the story of a woman with a gall bladder condition who responds perfectly to surgical treatment—but dies of heart failure on the last day of convalescence. The abject grief of surrounding relatives—the depths of unhappiness hollowed out beneath the professional veneer of attending men—are so ably portrayed that the reader loses touch with his immediate surroundings for just a little while. This high note is reached elsewhere by the author in his word-picture of a children's ward on Christmas eve. We are perhaps surprised to note a heretofore unsuspected depth to the traditionally laconic British temperament, although admittedly one must read between the lines for many of the finer points.

This work marks a change in attitude, on the part of the author, towards the center of interest in his cases. The didactic interest of his previous work is gone. The focal point in the present collection of stories lies in the joint personalities of patient and physician. The patient is no longer merely a clinical illustration in pathology for a group of medical students—but takes his rightful place as a human being with sensitive emotions, vested rights, and recognized place in the society we live in. The physician is a firm but gentle counsellor whose efforts usually go unappreciated.

The medical flavor in "Body Menders" (and it may be considered no more than that) is introduced by occasional scientific digression, and simple description of surgical procedure (spinal puncture pneumothorax). No doubt many of the above considerations will strike a responsive spark in the heart of a lay reader—who, after many years of reading popular fiction based on medical themes, will gleefully cry "Arrowsmith," and read with mounting enjoyment, yet continue to think impersonally of his G.P. and show him little consideration.

From the purely literary standpoint "Body Menders" is poorly written but it would indeed be the part of indiscretion to castigate the author on that score. Like most poorly written and badly unified books, this work—for the most part—makes interesting reading for the lay mind, and is at least tolerably amusing to the medical man.

B. L.

INFANT NUTRITION. Third edition. By WILLIAMS MCKIM MARRIOTT. Revised by P. C. JEANS. Price \$5.50. Pp. 475, with 8 charts and 23 illustrations. St. Louis: The C. V. Mosby Company, 1941.

P. C. JEANS' revision of the late Williams McKim Marriott's text book of infant feeding is highly rec-

ommended to students and practitioners who may desire to know how practical pediatricians having an up-to-date working knowledge of the basic sciences handle the problems of infant nutrition. The progress made in the management of the severe types of gastro-intestinal disturbances by the administration of parenteral fluids and blood transfusions to combat dehydration and acidosis is particularly well covered. The rationale for the therapeutic measures advised is explained in a most understandable manner. Simple and good methods of infant feeding are presented. The book has sections on the care of the premature infant, rickets, scurvy, celiac disease, vomiting, and the effect of infections on nutrition.

PHILIP L. ARIES.

PHOTELOMETRIC CLINICAL CHEMISTRY, by
WILLIAM S. HOFFMAN, Ph.D., M.D. Wm. Morrow & Co., 1941.

The use of photelometric methods in clinical chemical analysis has been retarded up to now by the lack of precise and detailed information about their specific application. There have been many excellent papers published in this field, for clinical workers with exceptional chemical and clinical training, but this material has not been sufficiently detailed to permit adoption of the tests for routine procedure.

Photelometric Clinical Chemistry is a concise but adequate manual of clinical quantitative methods and aims to demonstrate that with the aid of such instruments as the photelometer, determinations can be made in the clinical laboratory with greater speed and accuracy than by ordinary subjective colorimetric methods. It is written primarily for the clinical technician who has a limited knowledge of quantitative chemistry. It will initiate the technician into a new order of microtechnique impossible with other forms of colorimetry.

The author states in the introduction that "he has given in the study of each blood constituent, a brief but critical essay on the chemical principles involved and on the limitations of the various available methods. Directions are as detailed and as explicit as possible and numerical calculations are in the form of examples rather than general equations. Despite this effort at simplification the author has at the same time tried to encourage a higher standard of precision and to this end, has included a preliminary chapter on laboratory apparatus and on technique. The instructions for each procedure are based on the author's own

experience in the method, and only those methods which are practicable and which offer accurate results have been included.

S. L.

IMMUNITY AGAINST ANIMAL PARASITES, Columbia Univ. Press, 1941, 274 p., \$3.50.

The author has brought up to date our knowledge of immunity in parasitic infections. As is pointed out in the introduction, an acquaintance with general immunology is presupposed and it becomes apparent in the early chapters that well established principles of immunology form the basis of this work. There was no reason to assume otherwise, but the author crystallizes vague notions heretofore unassembled (except for Talliaferro's book on more or less the same subject published some 15 years ago), that the immunologic basis of parasitic infestations differs very little from that of bacterial infections. The sections dealing with and interpreting the immunology of skin tests and test tube reactions in parasitic diseases are particularly illuminating. Also of importance are the inclusion of discussions showing where more research is necessary or where none has appeared, indicating to the interested readers where more research would be welcome. Lastly, there is a complete and excellent bibliography.

Irving S. Neiman, M.D.

The following books were received too late for review and will be reviewed in our next issue:

WILLIAM NANCE ANDERSONS PHYSICAL DIAGNOSIS. Lea & Febiger, 1940.

HOWARD CHARLES BALLENGER: A MANUAL OF OTOTOLOGY, RHINOLOGY, AND LARYNGOLOGY. Lea & Febiger, 1940.

HARVEY EMERSON: ADMINISTRATIVE MEDICINE. Thomas Nelson, 1941.

LOWSLEY & KIRWIN: CLINICAL UROLOGY. Williams & Wilkins, 1940.

GIFFORD: OPHTHALMOLOGY. W. B. Saunders, 1941.

THE MARCH OF MEDICINE, New York Academy of Medicine Lectures to the Laity. Columbia Univ. Press, 1941.

R. T. JOHNSTONE: OCCUPATIONAL DISEASES. W. B. Saunders, 1941.

THE DOCTORS MAYO. U. of Minnesota Press, 1941.

YATER, W. M.: THE FUNDAMENTALS OF INTERNAL MEDICINE. Appleton-Century, 1941.

COLE & ELMAN: GENERAL SURGERY. Appleton-Century, 1941, (3rd ed.).

AQUEOUS HUMOR

By PROFESSOR HY PODERMICK

The author has felt that a need for this type of volume has existed for a long time. In fact, the same need has existed for this as has existed for the innumerable new editions of standard text-books that are put out every year.

The aim throughout is to simplify the study of medicine by using the same system now prevailing in the leading public schools. If we may be permitted to look back on those happy days, we will recall that we learned our A B C's by the simple expedient of remembering little rhymes built up around them. Et Voila!

I

(His wife simply made a monkey (gland) out of him!)

Peter, Peter, pumpkin eater
Had a wife and couldn't keep her
He should take Testosterone
To keep from growing old alone.



II

(Nothing is Sacral any more.)

Little Miss Muffet
Sat on a tuffet
Her seat wasn't linear
You see . . . Coccydynia.

III

(No questions, please.)

There was an old woman who lived in a shoe
She had so many children she didn't know what to do
To Margaret Sanger they told her to go
To find out what every old woman should know
(It seems quite amazing that she broke all laws
By having so many, past her menopause.)



IV

(Knit one, purl two.)

Bye Baby Bunting
Surgeon's gone ahunting
Maladies drop their disguises
When Doctor laparotomizes.

V

(My God! I hope the dosage is O. K.!

Hickory Dickory Dock
His heart ran like a clock
But when he kissed his girl friend Alice . . .
Guttae VII Digitalis

VI

(More truth than poetry—or wit.)

Mary, Mary, quite contrary
How does your tumor grow?
With cachectic smells, invading cells
And metastases all in a row.

VII

(Let's see YOU do better.)

Jack and Jill went up the hill
To their apothecary
The water that they fetched came from
This chap's wet Beri-Beri.



VIII

Old Mother Hubbard
Went to the cupboard
To get her poor dog a bone.
But when she got there
The cupboard was bare
Some Freshman had taken them home.



DAILY HEALTH QUESTION DEPARTMENT

By PROFESSOR HY PODERMICK

'Tis said the trusty Vitamin
Can cure a multitude of sin.
Hallucinations, Beri-beri,
And complications very, very.
But is there Vit' from A to Z
Can cure my Profs of flunking me?

* * *

CASUALTY DEPARTMENT

Regretfully, we must interject a serious note in these meanderings. We have just been apprised that our colleague, Dr. Luke O. Penia, has met with a serious accident. He broke his arm pushing fluids.

DO YOU FIND ANYTHING HUMERUS
ABOUT THAT?

* * *

SENIOR SAGA

Comprehensive,
Seniors pensive,
Apprehensive,
Intimidation,
Fibrillation,
Preparation,
Examination
Approbation,
Graduation,
Celebration,
Evacuation,
R. R. Station.

S. W.

RECENT ADVANCES IN MEDICINE

NOTHINGITIS VULGARIS

(Cribber's Disease)

ETIOLOGY: Epidemically Endemic. Occurs more frequently in human beings than in children. White, yellow and 440 Yd. races are immune. May have a seasonal variation, being hotter in the Tropics than in the Temperate Zones. Predisposing factors: Anxiety, worry, wine, women and song.

PATHOLOGY: Essneg, which is Gaelic for nothing.

SIGNS AND SYMPTOMS: Anorexia, Malaise, Languor, Lassitude, Lassitude, Languor, Malaise, Anorexia. Also the patient doesn't feel well. Further questioning reveals that this condition was present since the onset of the disease. Physical exam may reveal nothing at all. In fact there are many cases worse than that, even. One of the characteristic findings is a peculiar rale (coarse, of course) which may be heard on auscultation of the chest. It has been

termed "DOUBLE TUKK" by the French investigator Nazzaro. The Babinski sign will usually reveal that the Pt. is ticklish.

Diagnosis: Based on a history of an onset from the outset. Physical signs and symptoms as above, from left to right. Lab findings of lab lostings. X-ray findings of two collar buttons, Jonah, and the technician's ring.

Treatment: Symptomatic. If there is pain, give morphine. If there is dehydration, give fluids. If there is corned beef, give cabbage. If there is any man in the house that objects to ending this thing right here let him speak now or forever hold his peace.

S. W.

BOOK REVIEW CONTEST

We are happy to announce, in answer to numerous requests, that the Quarterly Book Review Contest has been extended until March 1st. The contest is open to all students not active members of the Quarterly staff, and all entries should not be more than 250 words in length. Reviews of both technical and non-technical works of medical import or flavor are eligible. The reviews will be jointly judged by the Editorial Staff with the aid of faculty members and Miss Campbell, School Librarian. The award will be a medical work of importance.

Phones CANAL { 9200
9201
9202

County Cafe Inc.

Fountain—Candies—Flowers—Cocktail Lounge

1901-1903 W. HARRISON ST. — CHICAGO

BEST SANDWICHES

FOR TWENTY YEARS

GOLDSCHEN'S Medical Center DELICATESSEN and LUNCH

WE ARE FAMOUS FOR OUR JUNIOR AND SENIOR
HOT CORNED BEEF SANDWICHES

We Deliver
1843 W. Taylor St.

Seeley 9323-9459
M. Goldschen, Prop.

TREATMENT OF EARLY SYPHILIS BY MASSIVE ARSENOTHERAPY

(Continued from page 8)

of cases followed carefully for four to five years, no clinical evidence of central nervous system, cardiovascular, or other visceral syphilis have been found. In another series of 386 patients, only one positive cerebro-spinal fluid has been discovered. Some of these cases have been followed for four years.

Massive arsenotherapy is by no means an established form of treatment at the present time. There are still many problems to be worked out before it can enter into general use. Late toxic effects may appear; the brilliant cures may relapse. Optimum time of treatment and dosage have yet to be accurately determined since it might prove that one day of treatment is as affective as five or that five days are inadequate. The application of this method has never been attempted in treating late syphilis and only now are pregnant cases receiving therapy.

The advantages of massive arsenotherapy are many. Good conservative routine management of early syphilis produces results comparable to those of the five day treatment, but good management is not available to a large number of patients. With the exception of "hemorrhagic encephalitis" toxic effects are fewer and less severe in the five day course than in conservative routine therapy (Hyman). Patients grow weary of the long years of routine treatment and eventually lose interest, so that today, even in well-regulated clinics, eighty four percent of the cases never carry their cures through to completion. Some observers have considered the necessity for hospitalization during treatment an evil. However, this necessity should prove to be a great boon rather than an evil, for confinement of an infectious case is a measure that will prevent further spread of the disease. Certainly it is as reasonable to isolate infectious syphilis as it is to isolate chickenpox. The appearance of hundreds of thousands of new cases of syphilis annually after thirty years of conservative methods indicates the need for better preventive measures. With the development of massive arsenotherapy, it can be hoped that syphilis can be brought under control and finally eradicated.

1. Hirshfeld, Hyman, Wanger: "Influence of Velocity on Response to Intravenous Injection" Arch. Int. Med.; 47:259; (Feb.) 1931.
2. Chargin, Leifer, Hyman: "Application of Drip Method to Chemotherapy" J. A. M. A., 104:878; March 16, 1935.
3. Leifer: "Massive Arsenotherapy . . . Technique," Arch. Derm. Syph.; 42:245; 1940.
4. Rice: "Massive Arsenotherapy . . . Public Health Aspects," Arch. Derm. and Syph.; 42:283; 1940.
5. Leifer, Chargin, Hyman: "Massive Arsenotherapy . . ." J. A. M. A.; Oct. 4, 1941.

HELP YOURSELF
with the latest medical books.

HELP YOUR SCHOOL
to a better library.

Purchase of medical texts and other volumes thru the school library, gives to the library the benefit of your purchase.

LATEST EDITIONS
NEW BOOKS



Speakman's
CHICAGO MEDICAL BOOK CO.

1820 WEST CONGRESS ST.
CHICAGO

Whether you have a single volume or a thousand, all books, magazines, theses, etc. receive careful workmanship and the best of materials. You are invited to visit our permanent exhibit of fine leather bindings.

ERNST HERTZBERG & SONS
Monastery Hill Bindery
1751 BELMONT AVE.
CHICAGO, ILLINOIS

Compliments of
West Side Professional Schools
Young Men's Christian Association

1804 West Congress Street
Chicago

Telephone Seeley 7060

RECENT PUBLICATIONS OF THE FACULTY OF
THE CHICAGO MEDICAL SCHOOL

LIQUID AMMONIA AS REAGENT IN THE STUDY
OF BIOCHEMICAL COMPOUNDS. R. G. ROBERTS, J.
Biol. Chem., Proceedings, 133:lxix, 1940.

SOME REACTIONS OF CURARE IN LIQUID AMMONIA.
R. G. Roberts, A. W. Jackman, and R. A. Hecht.
Amer. J. Physiol., 133:427, 1941.

EPINEPHRINE CONJUGATES AND THEIR METHOD
OF PREPARATION IN LIQUID AMMONIA. U. S. Patent
Office. Formal Allowance Granted. Assigned to Ar-
mour and Co. 1941. R. G. Roberts.

STUDIES ON PROTEINS IN LIQUID AMMONIA. THE
FORMATION OF PLASTICS AND ELASTICS. R. G. Rob-
erts. In press.

THE ACTIVITY OF DERIVATES OF CURARE AS PRE-
PARED IN LIQUID AMMONIA. R. G. Roberts, R. A.
Hecht and A. W. Jackman. In press.

THE USE OF MERCURY IN CONTACT WITH AM-
MONIA. R. G. Roberts. In press.

PHOTOELECTRIC STUDY OF THE LIEBERMANN-
BURCHARD REACTION AND ITS SIGNIFICANCE IN DE-
TERMINATION OF CHOLESTEROL. W. S. Hoffman, Proc.
Soc. Exp. Biol. and Med., 43:38, 1940.

THE PHOTOELECTRIC MICRODETERMINATION OF
NITROGENOUS CONSTITUENTS OF BLOOD AND URINE
BY DIRECT NESSLERIZATION. W. S. Hoffman and
Bess Osgood, J. Lab. and Clin. Med., 25:856, 1940.

A MICROPHOTOELECTRIC METHOD FOR UREA DE-
TERMINATION IN BLOOD AND URINE BY DIRECT
NESSLERIZATION. W. S. Hoffman and Bess Osgood,
J. Lab. and Clin. Med., 25:862, 1940.

THE PHOTOELECTRIC STANDARDIZATION OF PO-
TASSIUM PERMANGANATE SOLUTIONS. W. S. Hoff-
man, J. Lab. and Clin. Med., 25:970, 1940.

PHOTOELECTRIC CLINICAL CHEMISTRY. W. S.
Hoffman. Wm. Morrow and Co., New York, 1941.

Peter Gruenwald, M. D., Department of anatomy.

A CASE OF ATRESIA OF THE ESOPHAGUS COMBINED
WITH TRACHEO-ESOPHAGEAL FISTULA IN A 9-MM.
HUMAN EMBRYO, AND ITS EMBRYOLOGICAL EXPLANA-
TION. Anat. Rec. 78: 293-302, 1940.

A SURVEY OF CONGENITAL ANOMALIES AS FOUND
IN 1131 NECROPSIES. Illinois Med. J., 79, 1941.

TISSUE ANOMALIES OF PROBABLE NEURAL CREST
ORIGIN IN A TWENTY MILLIMETER HUMAN EMBRYO
WITH MYELOSCHISIS. Arch. Path., 31: 389-500, 1941.

NORMAL AND ABNORMAL DETACHMENT OF BODY
AND GUT FROM THE BLASTODERM IN THE CHICK
EMBRYO WITH REMARKS ON THE EARLY DEVELOP-
MENT OF THE ALLANTOIS. J. Morphol., 69: 83-125,
1941.

THE QUARTERLY

Since 1895

FOREMOST surgeons — and hospitals —
throughout the world have preferred the fine
instruments and surgical equipment made by
V. Mueller & Company.

YOU are invited to our showrooms, which are
always open to members of your Medical
School, to see current displays of modern sur-
gical instruments and latest type equipment
. . . Also, the invaluable and interesting col-
lection of ancient surgeon's instruments trac-
ing the development of modern surgical
armamentaria. Come in any time!

V. MUELLER & CO.

408 So. Honore St.
At Ogden and Van Buren
CHICAGO

Phone MONROE 3542

Globe Hand Laundry

ALL WORK EXPERTLY DONE BY HAND

PICK UP and DELIVERY SERVICE

1607 West Madison Street
Chicago

COMPLIMENTS
OF
**ELECTRO-MEDICAL
EQUIPMENT CO.**

THE RELATION OF THE GROWING MULLERIAN DUCT TO THE WOLFFIAN DUCT AND ITS IMPORTANCE FOR THE GENESIS OF MALFORMATIONS. *Anat. Rec.* 81: 1-10, 1941.

EMBOLI OF BRAIN TISSUE IN FETAL LUNGS. *Am. J. Path.*, 17, 1941.

Irwing S. Neiman, *Dept. of Pathology & Bacteriology*. THE PATCH TEST (VOLLMER) ON BCG VACCINATED AND CONTROL CHILDREN. *JOUR. OF PEDIATRICS*, OCT. 1941.

CLINICAL STUDIES ON THE HARMLESSNESS OF AND TUBERCULIN REACTIVITY FOLLOWING BCG VACCINATION BY THE MULTIPLE PUNCTURE METHOD. *Journal of Pediatrics*, Vol. 19, No. 1, pps. 16-24, July, 1941.

PASSING THOUGHTS

(Continued from page 13)

ing you 100 . . . the navy needs men like you . . . I felt like crying . . . three months later I did . . . I had received a rejection from the Medical Corps of the Navy . . . well, the army then . . . but no soap . . . well there must be some other ways to help . . . to carry a gun . . . not now I said . . . but perhaps I might even be doing this soon . . . and believe you me . . . license or no . . . doctor or no . . . I'll still be proud to wear the uniform of an enlisted man and fight for my country.

Meanwhile, I am trying to learn more myself, do research, and also help a lot of fine boys understand anatomy properly. Some task; I wish I was back on one of those 48 hour stretches I had while interning. Did I forget to add that I am still fighting in every way that I possibly can to make mine a better school. Already it looks many times better; my students even look brighter than I did. Why do I want to have the school recognized? Wrong, again; it's not that I want to go east, I don't. I don't want to be a surgeon; I've got what I want. It's the National Emergency . . . it now becomes our patriotic duty . . . we must have the school recognized . . . no longer to satiate our personal ambitions, but to supply our country with more and better physicians. And our school can do this; our men can put Hitler right on his anatomy, and I don't mean his cephalic end either. We will give our mothers' sons in khaki proper medical care. We will keep the civilians fit to work and win this country's battle for production. We won't let another epidemic scourge this, our country. You bet we won't; but by God, we have got to hurry. . . .

FOR YOUR
NEW OR USED
MEDICAL BOOKS
GO TO

LOGIN BROS.

1814 WEST HARRISON STREET

BOOKS AND STATIONERY

*A Completely Selection of New
and Slightly Used Medical Books*

At Bargain Prices: Dissecting Instruments, Gowns, Haemocytometers, Stethoscopes, Notebooks.

ETHICAL—HONEST—RELIABLE



This Space
DEDICATED TO
suppliers of
MEDICAL
ARMAMENTARIA



